



# ARIZONA'S EXPERIENCE:

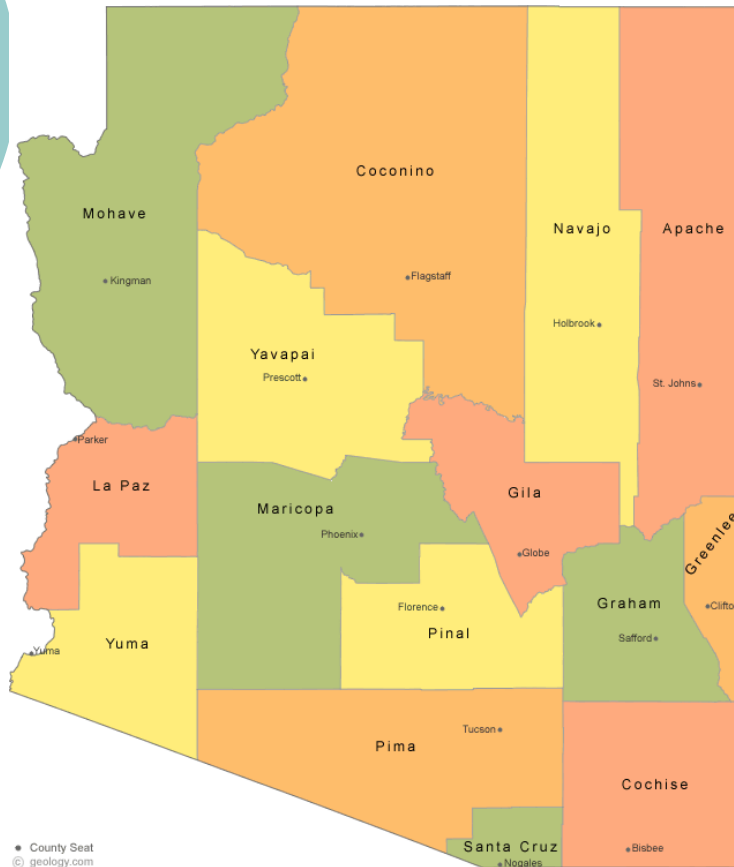
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## DEVELOPING SELF-DIRECTED ATTENDANT CARE

Self-Directed Attendant Care  
ALTCS

# SOME ARIZONA HISTORY

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## TIMELINE

- 1965 – Medicaid began
  - Arizona was the only state that did not join.
  - Counties provided indigent care, both acute and long term.

# SOME ARIZONA HISTORY

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1965-1982 – Counties continue to provide service independently

- financial burden on the counties became so great that they petitioned the state to join Medicaid.

October 1, 1982 - Arizona Health Care Cost Containment System (AHCCCS) became the first statewide Medicaid managed care system in the nation.

# AHCCCS: KEY COMPONENTS

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- AHCCCS operated and continues to operate under an 1115 Research and Demonstration waiver
- Initially, only acute care was covered.
- Counties continued to provide Long Term Care.
  - County subsidy was nursing home only



# AHCCCS: KEY COMPONENTS

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- AHCCCS was created as a partnership between the state and private and public managed care Health Plans.
- Medicaid recipients are mainstreamed into private physician offices.
  - Opens up the private physician network to Medicaid recipients
  - Allows AHCCCS members to choose a Health Plan and a primary care provider.



# AHCCCS: KEY COMPONENTS

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- The plan and provider act as gatekeepers; managing all aspects of medical care for a member.
- AHCCCS Health Plans are paid a monthly capitation amount for each member enrolled with the Health Plan.
- Health Plans engage in a competitive bid process and receive regulatory oversight and monitoring from the AHCCCS administration.

# ALTCS

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- In 1989, Arizona added long term care benefits through the Arizona Long Term Care System (ALTCS).
  - Touted as a model for the nation for its reliance on community based placements and support services in lieu of institutional care



# ALTCS

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- Comprehensive bundling of long term care services into a package
- Coordinated by various Program Contractors under contract with AHCCCS.
- Like the acute care program, AHCCCS reimburses Program Contractors with a capitation payment for each enrolled member



People Apply

Eligibility Determined By the State

Assigned to Program Contractor where member resides (or member chooses in Maricopa County)

Case Manager and PCP Assigned

Case Manager assesses member and authorizes services:

- HCBS Alternative Residential Facilities
- In-home services such as Attendant Care, Homemaking, Home Health Nurse
- Nursing Facility
- Hospice
- Acute Care Services
- Behavioral Health



# ALTCS

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- ALTCS continually adds additional service options that allows members to remain in their own homes or in the community.
- Currently, 61% of ALTCS members live in their own homes or in the community.

Alternatives to nursing home care now  
include:



# ALTCS

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## Assisted Living Facilities

- *Adult Foster Care*
- *Assisted Living Homes*
- *Assisted Living Centers*

# ALTCS

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## In-Home Services

- Personal Care
- Homemaking
- Attendant Care
- Home Delivered Meals
- Durable Medical Equipment
- Environmental Modification
- Home Health Nursing
- Emergency Alert System
- Dietician
- Therapies (Physical, Speech, Occupational)
- Behavioral Health

# ALTCS – ATTENDANT CARE

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- Attendant Care services are available to members through home care agencies that contract with individual Program Contractors. Services include:
  - Assistance with Activities of Daily Living (ADL's)
  - Assistance with Instrumental Activities of Daily Living (IADL's)
  - Companionship
- Members can select family members as their Attendant Care Workers. The family member must be hired by an agency, meeting all the hiring requirements and training.

AHCCCS/ALTCS

*The Development of  
Self-Directed  
Attendant Care  
in Arizona*

Self-Directed Attendant Care  
ALTCS



# CONSUMER DIRECTED CARE

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- In 2006, as part of the RFP process for contracts, ALTCS required each applicant to write an essay on how they would implement such a program.
- Pinal/Gila Long Term Care was awarded the grant to be the lead agency in developing this service option



# Self-Directed Attendant Care

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## *BACKGROUND OF THE PROJECT*



# SELF-DIRECTED ATTENDANT CARE

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*Under this model, the member or his or her guardian is responsible for:*

- *Recruiting and hiring attendant care worker (ACW)*
- *Orienting and training ACW*
- *Determining duties and work schedule*
  - *Duties may include skilled tasks such as bowel care and medication administration*
- *Supervising the ACW*
- *Discharging the ACW, when necessary.*

# Self-Directed Attendant Care

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- A 19-member Steering Committee was formed, representing
  - Aging agencies and advocacy groups
  - Physically Disabled under Age 65 agencies and advocacy groups
  - Members
  - Program Contractors
  - Providers
  - AHCCCS staff
  
- Began meeting in November 2006



# Self-Directed Attendant Care

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## Sub-Groups

- Member-Related
- Attendant-Employee Related
- Case Manager Role
- Fiscal/Employer Agent (F/EA)
- Legal Issues
- Quality




# SUB-GROUPS

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- Each sub-group was given an outline and timelines to research their subject, discuss it and make recommendations to the Steering Committee, who would approve or modify the recommendations.
- They were also given the pros and cons about the major program components of their area.

The Outline and Options forms:



Tasks	Milestones	Assigned To	Start Date	End Date	Done	Comments
Form Sub-Group to work on this topic.						
Review materials, options, make recommendations to Steering Comm.						
Make decision about this topic for Arizona's program.						
Write policies and procedures.						
Develop member outreach and training materials and present to Steering Comm.						

# Member-Related Pros and Cons (Sample)

ISSUE	OPTIONS	BENEFITS	DRAWBACKS	COMMENTS
<b>Member Eligibility</b>	Any member or member representative who wants to participate is eligible	Maximum member choice.	<ul style="list-style-type: none"> <li>•Some members may have difficulty directing their own care</li> <li>•If there's cognitive impairment member may be at risk of being taken advantage of</li> </ul>	
	Screen members using a tool or self-screening tool	Still gives member choices	Must have a good tool consistently applied.	
	Limit member eligibility to those who can direct care themselves with statement by physician	Less risk of fraud and abuse	Less member choice and self-direction.	



# SUB-GROUPS

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- Member-Related:
  - Member eligibility
  - Back-up plans
  - Member training
  - Hiring and supervising workers
- The focus of recent months has been to develop the member portion of the Member Handbook, which has been substantially completed.

# SUB-GROUPS

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- *Attendant/Employee-Related:*
  - Worker rights and responsibilities
  - Secondary conditions
  - Diseases
  - Communication
  - Resources and Tips

# SUB-GROUPS

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- *Case Manager Role:*
  - Determining the role of the case manager
  - Developing a training program for case managers

# SUB-GROUPS

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- *Fiscal Employer Agent (FEA):*
  - Defining the role of this aspect of service delivery
  - Developing the service specifications.

# SUB-GROUPS

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- *Legal Issues:*

- Review all decisions made and forms developed for any conflict with federal or state laws.

# SUB-GROUPS

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- Quality:

- Determine how ALTCS and the Program Contractors will monitor service option for quality/effectiveness
- Develop a Member Satisfaction Survey

# Recommendations

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## *Services*

- Self-Directed Attendant Care (SDAC)
- Consumer Assessment and Training
- Caregiver Assessment and Training
- F/EA – Service Initiation
- F/EA – Service Ongoing
- F/EA – Initiate Caregiver Paperwork
- F/EA – Caregiver Background Check

Services will be a subset of Attendant Care

# Recommendations

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## *Member*

- Available upon ALTCS enrollment
- Member must be able to direct their own care, or
- Legal guardian may select SDAC
  - cannot be the paid caregiver
  - must be present when care is being provided

# Recommendations

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## *Member - Skilled Task*

- Competent member may delegate to their employee (attendant)
  - E.g., bowel care, medication administration, wound care, trach care, etc.
- Stable medical condition
- RN to train, observe and assess employee's ability to safely perform skilled task(s)

# Recommendations

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## *Member - Denial of SDAC*

- Members can be denied this service
- ALTCS Program Contractor Must issue denial (Notice of Action)
- Member may appeal

# Recommendations

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## *Member - Back-up Plans*

- Back-up plans must be developed
- Collaboration w/ member and case manager
- Ultimately the member's choice
- Paid or unpaid caregivers
- Timeliness of replacement

# Recommendations

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## *Training*

- Manual for members
- Includes training info for Attendant Care Workers
- ALTCS Program Contractors will add their specific info as needed
- SDAC materials (manuals, forms, etc.) -- AHCCCS website



# Recommendations

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## *Training – Member*

- No mandatory training is required for members
- Consumer Assessment and Training is a service that can be authorized

# Recommendations

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## *Training - Caregiver*

- Mandatory training for workers includes:
  - Universal Precautions
  - CPR and First Aid
  - Fire and Home Safety
- Member identifies additional training needs for their caregiver (worksheet for guidance)
- Member can provide the training or request agency provide the training

# Recommendations

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## *Training*

- Peer approach to training will be encouraged
- Buddy Systems will be encouraged to support member

# Recommendations

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## *Fiscal/Employer Agent (F/EA)*

- Use of this service will be mandatory.
- Acts as Employer (Member) Agent for limited purpose of managing Federal and State tax withholdings
  - Includes necessary paperwork for employee(s)
  - Submits claims to ALTCS Program Contractor on behalf of member
  - Pays employee on behalf of member
- Each Program Contractor will contract on their own with an FEA.

# Recommendations

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## Fiscal/Employer Agent (F/EA), cont.

- Reimbursement for Service Initiation, Service Ongoing, Initiate Caregiver Paperwork and Caregiver Background Check
- Unresolved
  - Workers Compensation
  - Unemployment Insurance

# Recommendations

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## *Case Management*

- Extensive training for all CM on SDAC by outside expert
- Additional monitoring (home visits or calls) for members selecting SDAC during initial implementation period

# Recommendations

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## *Quality*

- Administer a standardized consumer satisfaction survey to all members choosing SDAC after 6-9 months
- Monitor clinical indicators to track any increase for SDAC members:
  - ER visits
  - Hospitalizations
  - Quality of Care Concerns
  - Complaints and Grievances



# Steering Committee Recommendations

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## *MISCELLANEOUS*



# Recommendations

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## *Worker Screening*

Background checks, fingerprinting, TB tests and references for the workers will be optional, to be waived if the member chooses.

# Recommendations

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## *Outreach and Member Education*

- All members must be informed about SDAC
- Brochure to be developed and requirement to provide to member
- Program Contractor can modify w/ AHCCCS approval
- SDAC is a member choice



# Recommendations

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## *Implementation*

- April, 2008
- Statewide – slow start up
- Advisory Group to be established and advise as implementation proceeds
- Advisory Group will have diverse stakeholders
- Hold regional forums post implementation for public comment



# LESSONS LEARNED

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- This is not a short-term project!
- Professionals are nervous about giving up oversight and control.
- Program Contractors are worried about liability issues.

# Contact for Arizona's SDAC Project

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