

ARIZONA

Additions Made in 2003 Appear in Bold

1. WAGE/BENEFIT ENHANCEMENTS		2. TRAINING AND OTHER INITIATIVES	3. TASK FORCES & COMMISSIONS
<p>Wages (includes wage pass-throughs)</p> <ul style="list-style-type: none"> Rates increased 5.5% for nursing facilities and 11.6% for in-home caregivers (primarily paraprofessionals) and alternative residential settings. Providers required to pass through proportional amounts to direct-care workers for wages &/or benefits. <p>There are no current wage/benefit pass-through requirements (2003)</p>	<p>Benefits</p>	<p>(Includes career ladders)</p>	<ul style="list-style-type: none"> Caregiver Wages and Workforce Development, an ad -hoc committee initiated in August 2001 to define critical policy concerns and emerging issues around long-term care and care giving. To develop cost effective strategies to promote and encourage caregiver workforce development that supports and strengthens family and informal care giving. Report to be submitted to President of the Senate. Workgroups on the committee include Funding, Reimbursement, and Collaboration, and Recruitment and Retention. Not active in 2003.
4. STAFFING RATIOS	5. SYSTEMS CHANGE GRANT WORKFORCE INITIATIVES	6. OTHER INITIATIVES NOT COVERED ABOVE	
<ul style="list-style-type: none"> Follows federal staffing regulations 		<ul style="list-style-type: none"> Community Based Services and Settings Report issued in 2000, updates in 2002. Reports on the data, trends, and findings from two major long-term care home- and community-based programs, Medicaid LTC and non-Medicaid LTC. A copy can be viewed at www.ahcccs.state.az.us/Publications/reports.asp#Community%20Based%20Report <p>The community based report was updated may 2002. A copy can be viewed at the same link as noted above.</p> <ul style="list-style-type: none"> Network Development and Management Plan – requirement of all Medicaid Managed Care contracts effective October 2001. Identifies status of network at all levels (institutional, acute, alternative residential, HCBS, etc) to include gaps, interventions, evaluations of interventions and coordination. <p>This requirement continues. AHCCS finds this to be an effective approach to ensure the managed care organizations continuously address network needs.</p>	