ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

DDD BEHAVIORAL HEALTH ADVOCACY PLAN

INSTRUCTIONS

The DDD Behavioral Health (BH) Advocate will develop the Advocacy Plan with the member or responsible person. The completed Advocacy Plan will be emailed to the member's Support Coordinator so she/he will be able to attach the plan to the member's Planning Document.

SECTION I. MEMBER INFORMATION							
Member Name (Last, First, M.I.):	AHCCCS ID:	Member's Date of Birth:					
Support Coordinator:	Behavioral Health Advocate Name:						
BH Advocate Assignment Start Date:	BH Advocate Assignment End Date:						
BH Advocate Projected End Date:							

SECTION II. BEHAVIORAL HEALTH ADVOCACY GOALS AND ACTION PLAN

Behavioral Health Advocacy Goal(s):

DDD-2092A FORFF (3-21) Page 2 of 2

No.	Action to be Taken	Person Responsible	Due Date (Target)	Completed? (Yes or No)	Comments
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities ADA Coordinator at 602-771-2893; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local