



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT ANNUAL REPORT



July 1, 2019 – June 30, 2020

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Our Mission:

The Department of Economic Security (DES) makes Arizona stronger by helping Arizonans reach their potential through temporary assistance for those in need, and care for the vulnerable.

True North:

All Arizonans who qualify receive timely DES services and achieve their potential.

Our Values:

- Accountability – We commit to excellence, innovation and transparency.
- Integrity – We are trustworthy, honest and reliable.
- Respect – We appreciate each other, and value those we serve.
- Teamwork – We collaborate with humility, and partner with kindness.
- Diversity – We respect all Arizonans, and honor those in need.

Our Goals:

- Serve Arizonans with integrity, humility and kindness.
- Support Arizonans to reach their potential through social services that train, rehabilitate, and connect them with job creators.
- Provide temporary assistance to Arizonans in need while they work toward greater self-sufficiency.
- Provide children with food, health care, and parental financial support; provide services to individuals with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect, and exploitation.

DIVISION OF DEVELOPMENTAL DISABILITIES

Mission:

Empowering Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives.

Value Statement:

Empower individuals with intellectual and developmental disabilities to attain their highest level of skills, purpose, and independence through an ongoing delivery model by providing quality services, advocacy, and family community partnership.

I. Introduction

In 1993, Family Support Legislation was passed that defined a family support program for people with developmental disabilities and their families, subject to funding appropriations. This legislation was developed in partnership with families, advocacy organizations, service providers and the Division of Developmental Disabilities (Division/DDD) who all recognized the importance of family support as a national initiative. The Division integrates the tenets of this legislation into all its programs and activities. This Annual Report highlights the initiatives and systems that have been successfully implemented and describes the ways DDD members and families are supported through the Division and its many partners.

Family support is defined as services, supports and other assistance offered to families with members who have a developmental disability and is designed to:

- Strengthen the family's role as a primary caregiver;
- Maintain family unity;
- Reunite families with members who have been placed out of the home;
- Include respite care, assistive technology, appropriate personal assistance services, parent training and counseling, home modifications, and assistance with extraordinary expenses associated with the needs of a person with a developmental disability; and
- Prevent inappropriate out-of-home placement.

II. Overview of the Division of Developmental Disabilities

As of June 30, 2020, the Arizona Department of Economic Security, Division of Developmental Disabilities provides services and programs to 44,063 people with developmental disabilities. The Division believes its members can best be supported in integrated community settings and tailors its services to meet the needs of members and their families.

The Division promotes the use of existing community resources and program flexibility and coordinates services and resources through central administrative offices, District offices and local offices located throughout Arizona. There are five (5) geographic DDD Districts within the state. They include District Central, District East, District North, District South and District West. While some services are delivered directly by the state, most services and supports are delivered through a network of individual and agency providers throughout Arizona.

Division Eligibility Criteria: To qualify for services and supports through the Division, a person must:

1. Voluntarily apply;
2. Be an Arizona resident and be lawfully present in the United States;
3. Have a diagnosis of autism, cerebral palsy, epilepsy, or an intellectual disability which manifested before the age of 18 and is likely to continue indefinitely; and
4. Have substantial functional limitations in three or more of the following life areas that are directly attributable to the qualifying diagnosis:
 - a. Self-Care: Needing help with eating, hygiene, dressing, using the bathroom, etc.;
 - b. Receptive and expressive language: Communicating with others;
 - c. Learning: Acquiring and processing new information;
 - d. Mobility: The skill necessary to move safely and efficiently from one location to another within the person's home, neighborhood, and community;

- e. Self-Direction: Managing personal finances, protecting self-interest or making independent decisions which may affect the individual’s well-being;
- f. Capacity for independent living: Needing supervision or assistance on a daily basis; and
- g. Economic Self-Sufficiency: Being financially independent.

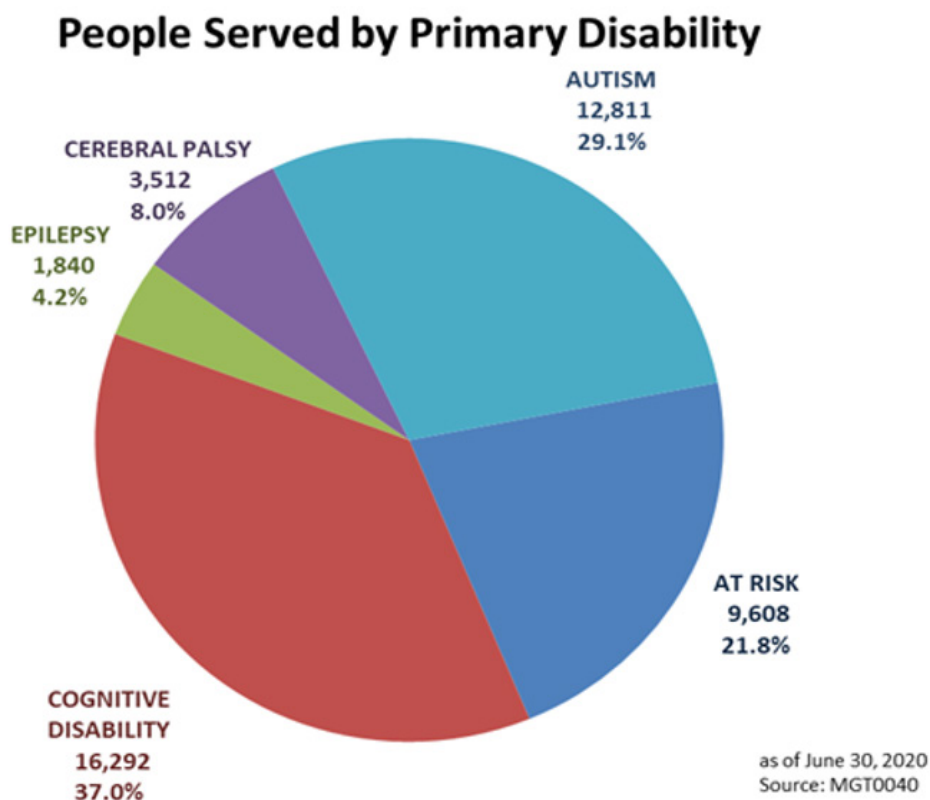
Note: In April 2020, the Supreme Court of the State of Arizona issued a decision regarding eligibility criteria as a result of litigation. This decision will have impacts on the criteria that is utilized for determining individuals eligible for the DDD services. DDD has initiated the process to evaluate the impacts of this decision and will make the necessary policy changes.

Children ages three (3) to six (6) may be eligible for services through the Division if they have one or more of the following developmental disabilities:

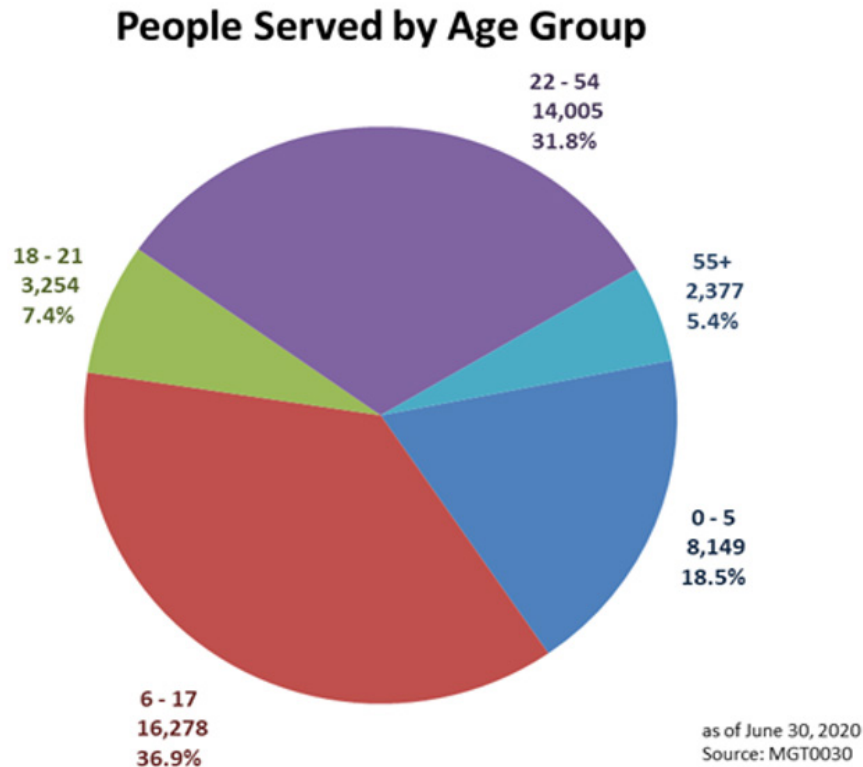
- Autism Spectrum Disorder
- Cerebral Palsy
- Intellectual (Cognitive) Disability
- Epilepsy
- Be at-risk for developing one of the (above) disabilities

For early intervention services eligibility, children age birth to three (3) must have a significant delay in one or more developmental areas or an established condition that could lead to a developmental disability.

The following chart shows the breakdown of eligible members by primary disability as of June 30, 2020:



The Division supports people of all ages. The following chart shows the breakdown of eligible members by age as of June 30, 2020:



The Division provides services through two primary funding sources:

- State general funds
- Medicaid

The Division provides services to three eligibility categories or populations:

1. State-only funded members
2. Targeted Support Coordination (TSC) members
3. Arizona Long Term Care System (ALTCS) members

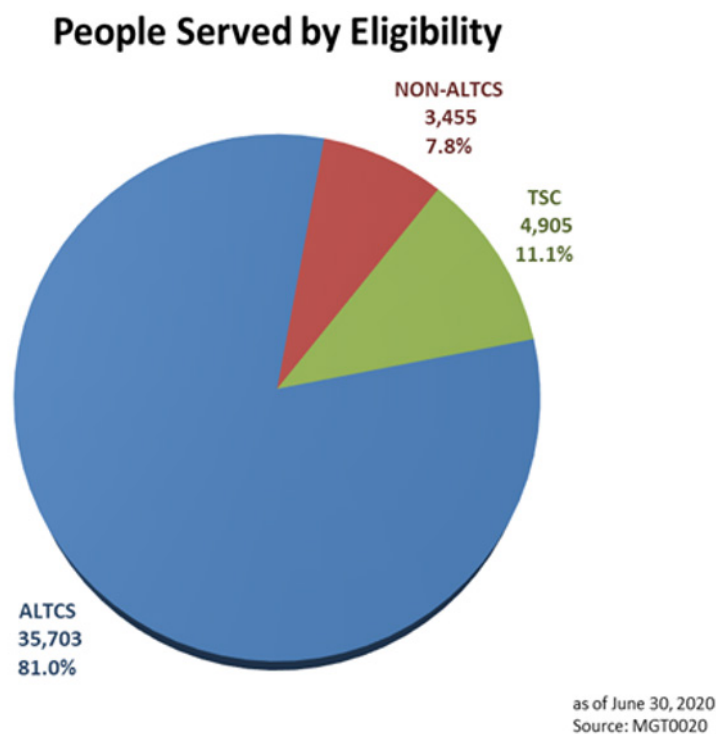
Individuals who meet the Division's eligibility criteria, receive state-funded services and are not-to-exceed the Division's legislative budget allowance. Children under the age of three (3) receive state-funded services outlined through the Individuals with Disabilities Education Act (IDEA) Part C requirements. The types of state-funded services provided are listed in Section III of this report.

TSC is an option for people who qualify for services through the Division and are eligible for Medicaid acute care through Arizona Health Care Cost Containment System (AHCCCS) but are not eligible for ALTCS. AHCCCS is the Medicaid agency for Arizona. AHCCCS determines if a member is qualified for the TSC program. This option allows the member/responsible person to determine the frequency and type of contact he/she wants from the Division's Support Coordinator (case manager). TSC provides support to a member by helping identify community resources and coordinate acute care services provided by Medicaid. These members may also receive state-funded services not to exceed

the Division's legislative budget appropriation. For persons age 20 and under, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are covered.

Individuals with developmental disabilities who qualify for services through the Division may also be eligible for services through ALTCS. ALTCS provides long-term care services, behavioral health services, and acute care services to individuals with developmental disabilities who are at risk of institutionalization. AHCCCS staff determines eligibility for ALTCS through a review of the person's functional needs and financial eligibility. In Arizona, the Medicaid program is a research and demonstration waiver approved through the Federal Centers for Medicare and Medicaid Services (CMS). It is intended to show that home and community-based services and a managed care approach are more cost-effective than placing members in institutions. Long-term care, behavioral health and acute care services are bundled to improve care coordination and enhance service delivery under a single system managed by the Division.

The following chart shows the breakdown of eligible members by funding source as of June 30, 2020:



The Division provides most of its services through a statewide network of for-profit and non-profit agencies (qualified vendors), independent providers and specialty contractors. Services are based on a member's assessed needs, state and/or federal guidelines and fund availability.

III. Services and Supports

Members receive a Support Coordinator (case manager). The Support Coordinator may serve as a:

- Facilitator: Leads the team that creates and implements an Individual Support Plan (ISP);
- Advocate: Advocates for the needs of the member;
- Teacher/Modeler: Helps a member gain self-advocacy skills;
- Coordinator: Coordinates supports and assesses for needed medical services;

- Mediator: Helps with communication between a member, family and other parties to focus on working together;
- Information Source: Knows about supports from the community, the Division and other groups; and
- Monitor: Monitors the plan to ensure the member is reaching goals and receiving quality services and supports.

The Support Coordinator conducts an assessment of the member's needs to identify services and supports. Services are based on funding availability and may include:

- Augmentative Communication Devices: Devices that help a person communicate. Each device is tailored to a member's specific needs;*
- Attendant Care: Help with personal care and housekeeping;*
- Behavioral Health: Care and treatment for people with behavioral health needs. This includes crisis services, evaluation and diagnosis, counseling, behavioral health rehabilitation, transportation, respite, medication, psychiatric medication adjustment, and monitoring or inpatient hospital services;
- Day Treatment and Training: Training, supervision, therapeutic activities, and support to promote skill development in independent living, self-care, communication, and social relationships. Services can be provided in both group and individual settings;*
- Early Periodic Screening, Diagnosis and Treatment Services (EPSDT);
- Employment Services: Center-based employment, group or individual-supported employment, career preparation and readiness, employment transition and employment-related transportation;*
- Home Modifications: Physical modifications by removing architectural barriers to the home setting that have a specific adaptive purpose to help the member in performing activities of daily living and/or help the caregiver in completing activities of daily living for the member. The modifications support the member through living with more independence and thereby improving their quality of life;*
- Habilitation: Services like habilitative therapies, special developmental skills, behavioral treatment and sensory-motor development that helps increase the member's skills and functions;*
- Health Plan Services (Physical and Behavioral Health and Children's Rehabilitative Services);
- Homemaker: Housekeeping assistance;*
- Home Health Aide: Health maintenance, continued treatment or monitoring of a health condition and supportive care with activities of daily living;*
- Home Health Nurse: Skilled nursing services;*
- Hospice: Care for members who are terminally ill;
- Residential Services (see Section IV);*
- Therapies: Occupational, physical and speech;*
- Transportation: For ALTCS covered services;* and
- Respite Care: Short-term care and care to provide relief to the caregiver.*

An asterisk () indicates services that are available for ALTCS members only*

IV. Residential Options

The Division provides services in a variety of living arrangements. The vast majority are community-based where most services are provided in the family or member's home. Members are given an opportunity to choose a place to live in their communities with the support they need. Members may receive support to live in the family home or live in one's own home or apartment. Other members may live in an adult developmental or child developmental home or reside in a small group home. When residential services are needed, the following options are offered:

- **Individually Designed Living Arrangement:** This service gives members a different, non-licensed living situation for members to choose where and with whom they will live. Members assume all responsibility for their residence. Generally, one or more members reside together in a private residence that is leased or owned by the member(s) and/or the member(s) representative(s). The focus of this service is to give independent living and teaching supports (habilitation) to eligible members based on their collective need.
- **Adult Developmental Home:** A licensed, private home contracted with the Division to provide supervision, teaching (habilitation) and room and board for up to three adults with developmental disabilities.
- **Child Developmental Home:** A licensed, private home contracted to provide supervision, teaching (habilitation) and room and board for a group of siblings or up to three children with developmental disabilities. This includes children who have been legally determined dependent by the court and children who can benefit from briefly living away from home.
- **Group Home:** A residential setting in the community for up to six (6) people with developmental disabilities that provides supervision, habilitation, and room and board. The group home provides a safe and homelike atmosphere and meets the needs of members who cannot physically or functionally live independently in the community.
- **Group Home (Nursing Supported):** The focus of this type of group home is designed to meet the needs of members that require continuous nursing care or oversight. Nursing support is scheduled in this group home on a 24/7 basis.

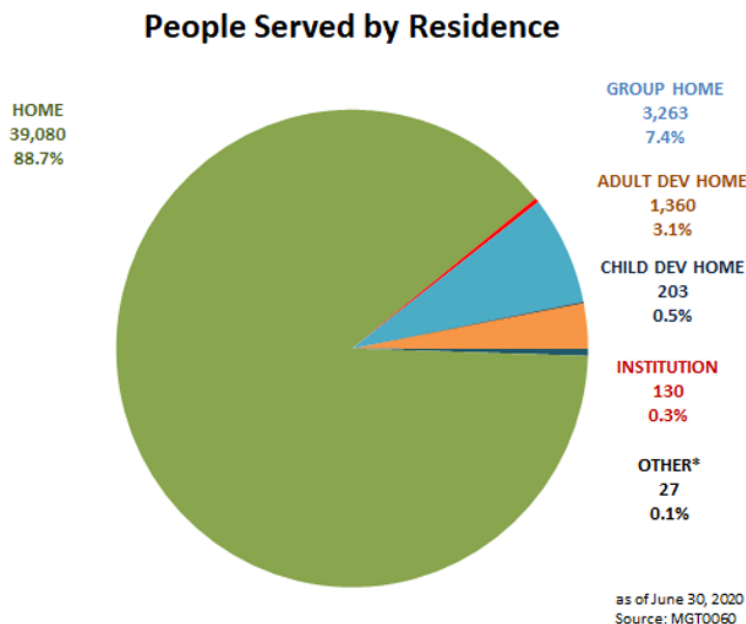
Rarely does a person need more of an intensive residential setting. For those members, the following facilities may be used:

- **Assisted Living Centers:** The facility gives resident rooms or residential units to 11 or more people. Assisted Living Centers may be licensed to provide one of three levels of care listed below, as defined by the Arizona Department of Health Services:
 - ◇ "Supervisory Care Services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.
 - ◇ "Direct Care Services" means programs and services, including personal care services provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
 - ◇ "Personal Care Services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medication and treatments by a nurse who is licensed.
- **Assisted Living Homes:** The facility provides rooms and services to ten or fewer residents.

- **Nursing Facility:** This is a Medicaid-certified facility. This facility offers skilled nursing care, residential care and supervision to persons who need nursing services on a 24-hour basis but do not require hospital care under the daily direction of a physician. This service is delivered by the integrated subcontracted health plans.
- **Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID):** This facility offers health, habilitative and rehabilitative services to members who need them on a constant basis and would benefit from active treatment services.

The following chart shows the breakdown of eligible members by residence as of June 30, 2020:

**Other includes: Assisted Living Home, Assisted Living Center and Behavioral Health Residential Facility*



V. Employment Options

Based on the Governor's Executive Order 2017-08 declaring Arizona an Employment First State in November 2017, the Division adopted the Employment First philosophy and policy which includes the belief that competitive, integrated employment should be the preferred outcome for working age youth and adults with disabilities.

Employment First

The Employment First Executive Order requires key state agencies to collaborate with qualified vendors of services using Employment First practices to create job opportunities in the community for Arizonians with disabilities. In furtherance of this directive, DES, DDD and Rehabilitative Services Administration/Vocational Rehabilitation (RSA/VR), Arizona Department of Education, AHCCCS, Arizona Developmental Disabilities Planning Council (ADDPC), the University Centers for Excellence in Developmental Disabilities (UCEDD - Sonoran and Northern), a number of DDD qualified vendors, school districts, advocates and other stakeholders worked together over the last year to create the Annual Goals and Objectives: 2020.

Five goals regarding messaging, training, community engagement, system organization and employment placement are identified for action. Each goal has specific and measurable objectives that will guide the work of the Employment First stakeholders this year. These goals are designed to carry out the Employment First Strategic Plan developed in 2015 to change employment services in Arizona for people who have disabilities.

Employment Services

The Division’s Employment Services Unit includes Employment Service Specialists and a Manager who are responsible for providing technical assistance related to the seven employment services offered by the Division. Assistance is provided to members and their families and caregivers, Support Coordinators, qualified vendors, school districts, and community stakeholders. Three of these services: Group Supported Employment (GSE), Individual Supported Employment (ISE) and Employment Support Aid (ESA) are provided in the community and offer members job training and support needed to achieve or maintain successful employment.

As of March 2020, the total number of ALTCS eligible members between the ages of 16 and 65 is 18,829.

The total number of ALTCS eligible members between the ages of 16 to 65 in integrated employment in the community is 2,196 :

Group Supported Employment	2,006
Individual Supported Employment	41
Employment Support Aid	149

The Division offers the following Employment Services:

- **Individual Supported Employment:** This service provides Job Coaching and/or Job Search services for eligible Division members. Job Coaching is a time-limited service that provides regular contacts with the employed member and/or with their employer. It is intended to help the member develop specific on-the-job skills needed for successful employment. Job Search includes aid in matching the member with a community-integrated job. Job Search may be provided by DDD when the service is not available through the Division of Employment and Rehabilitation Services/Vocational Rehabilitation (DERS/VR).
- **Employment Support Aide:** This service provides members with the one-to-one support needed to maintain their employment. The actual supports provided will depend on the member’s needs. It is the Division’s expectation that this service will primarily be used to provide on-the-job, follow-along support for members in competitive employment. These supports could include one or more of the following options:
 - ◊ Limited personal-care services
 - ◊ Behavioral supports
 - ◊ Follow-along supports
- **Group-Supported Employment:** This service provides members with an on-site supervised work environment in a community-based setting. Members are offered the chance to work in a setting that allows for maximum interaction with other co-workers or the community and are paid by a qualified vendor for work performed in accordance with state and federal laws.

- **Center-Based Employment:** This service is provided in a qualified vendor owned or operated setting where members participate in paid work and work-related activities with little or no interaction with the general community. The goal is to improve skills, abilities and behaviors of members and encourage them to achieve their vocational goals. The qualified vendor pays members based on productivity in accordance with state and federal laws.
- **Career Preparation and Readiness:** This service helps members make progressive moves into integrated employment from Center-Based Employment. Integrated employment includes both competitive employment in the community and group supported employment. Each member participating in Career Preparation and Readiness has an Individualized Training Agreement tailored to their needs. Services include readiness assessment, work incentive outcomes, family and caregiver engagement and education, career exploration and trial work experience.
- **Transition to Employment:** This service is a curriculum-based service that offers a member customized instruction, training and support to promote skill development for integrated employment in the community. The service may also assist a member in finding unpaid work practice opportunities such as a volunteer job or job shadowing experiences.
- **Employment-Related Transportation Services:** This service provides members or assists in finding transportation for work-related needs. All other forms of transportation must be considered prior to the Division authorizing this service which provides non-emergency ground transportation that can be used, with prior approval, to transport a member:
 - ◇ From home
 - ◇ To/from their day program service
 - ◇ To/from an employment-related service

Collaboration with RSA/VR

Employment Services continues to work collaboratively with RSA/VR on transition services and to expand and increase the number of Division members engaged in competitive employment in the community.

The Memorandum of Understanding (MOU) between the two programs was updated to formalize the responsibilities of both DDD and RSA/VR. It established a streamlined, coordinated, and collaborative process for the referral of DDD members to VR for services. One of the benefits of the MOU is to increase the number of DDD members who obtain competitive integrated employment in the community.

A DDD/VR Brochure entitled “Employment That Is Right for Me” was created as a guide to explain the employment supports and services provided by both Divisions. The purpose of the brochure is to explain to members and parents why members are referred to VR for competitive employment in the community. It also sets forth and clarifies the respective roles and responsibilities of the two agencies in providing employment services to members.

In order to develop stronger relations between RSA/VR and DDD, collaborative events were set up for VR Counselors and DDD Support Coordinators. The purpose of the rallies is to support streamlined processes for the referral and provision of services to DDD members referred to VR for services and to introduce interdisciplinary service planning with DDD and VR staff.

RSA/VR Developmental Disabilities staff and DDD Employment Services staff created and implemented seven standardized processes. These processes outline procedures for referral of DDD members who are eligible for VR services and the communication between the two agencies.

There were 420 DDD members referred to RSA/VR from July 1, 2019 to June 30, 2020 for competitive integrated employment.

VI. Provider Network Business Operations

In order to support choice, members/families have a variety of provider agencies to choose from. Independent providers receive training and must be certified prior to providing the service.

The Division provides Home and Community Based Services through a statewide network of for-profit and not-for-profit agencies (Qualified Vendors). A small number of these services are provided through Independent Providers.

The Division contracts with agencies and providers through the Request for Qualified Vendor Agreement (RFQVA). The procurement for these services is open and continuous.

In order to support member choice, members and families have a variety of provider agencies to choose from. Direct Care Providers typically work for an agency. On occasion, when a Qualified Vendor is not identified, a member may choose to use an Independent Provider.

Independent Providers receive training and must obtain certification prior to providing services.

Home and Community-Based Providers	# of Contracts
Agencies (qualified vendors)	752
Independent Providers	860

VII. Services for Infants and Toddlers and their Families

DES is the lead agency for Part C of the Individuals with Disabilities Education Act (IDEA). DDD provides Service Coordination for some infants and toddlers enrolled in the Arizona Early Intervention Program (AzEIP). AzEIP serves children birth to three (3) years of age with a significant developmental delay or who have an established condition that likely results in the child having a developmental delay. When a child becomes AzEIP eligible, AzEIP automatically coordinates with DDD to make a DDD eligibility determination for families that choose to share their personally identifiable information. Children who are eligible for AzEIP may also be eligible for services through the Division and/or the Arizona Schools for the Deaf and Blind and ALTCS.

Using a Team-Based Early Intervention approach to services, AzEIP ensures that all eligible families are provided with a Core Team of professionals (developmental special instructionists, physical therapists, occupational therapists, speech and language pathologists, social workers, and psychologists) and a service coordinator who use natural learning environment practices, teaming, and coaching. The Division's Service Coordinators work closely with the Core Team to ensure a coordinated, comprehensive array of services to address the needs of the child and priorities of the family. These efforts are collectively employed to help caregivers or families assist their infants and toddlers grow and develop by engaging and participating in everyday routines and activities. The family and team develop an Individualized Family Service Plan (IFSP) for each eligible child based on the concerns, priorities and resources of the family.

Between July 1, 2019, and June 30, 2020, AzEIP had active IFSP's for 11,133 children over the course of the Fiscal Year (FY) (including referrals for children in previous FYs). Of these children, 5,190 were also receiving services through the Division, and 264 of these children also received services and support through the Arizona Schools for the Deaf and Blind.

VIII. Acute Care Health Plan Services

ALTCS is unique because it follows a managed-care model. A managed care approach proved to be cost-effective over many years in Arizona. It is also the first program of its kind to bundle acute and long-term care services under a single program contractor. The ALTCS guiding principles includes a member-centered approach. The member and family are the active participants in the planning and the evaluation of services provided.

Effective October 1, 2019, the Division entered into contracts with two health plans to provide physical and behavioral health services and Children's Rehabilitative Services to DDD and ALTCS eligible members residing across every Arizona county. The health plans allow each person who is enrolled a choice of a primary care provider. The Division's contracted health plans are:

- UnitedHealthcare Community Plan
- Mercy Care Plan

The Division also collaborates with the AHCCCS American Indian Health Program (AIHP) for children and adults who are tribal members. Tribal members enrolled in the Division who are ALTCS eligible may select the DDD American Indian Health Plan or choose the Mercy Care Plan or the UnitedHealthcare Community Plan.

IX. Behavioral Health Services

As mentioned in the previous section, DDD Health Plans deliver both physical and behavioral health services, including services for members who are eligible for Seriously Mentally Ill services and Children's Rehabilitative Services.

Mercy Care and UnitedHealthcare Community Plan provide covered behavioral health services to members who are eligible for ALTCS statewide.

Some examples of Behavioral Health Services available to members are:

- Crisis services;
- Individual counseling to help improve mood, thoughts, actions, and relationships;
- Family counseling to improve family communication and relationships;
- Peer and Family Support;
- Psychotropic medication for treatment of certain mental health symptoms;
- Skills Training;
- Substance Use Treatment; and
- Supported Employment.

The Division's behavioral health team includes:

- Medical Director;

- Behavioral Health Administrator;
- Behavioral Health Managers;
- Licensed Behavior Analyst; and
- Eight District Behavioral Health/Complex Care Specialists.

As part of its care management responsibilities, the Division collaborates with each contracted health plan to resolve member complaints, barriers related to behavioral health service delivery, and identification of interventions to address the complex needs of members who require these services. These efforts are accomplished through ongoing and established care collaboration efforts that include:

- Multidisciplinary member staffings;
- Division and health plan care collaboration meetings;
- Monthly “round” calls with health plans on mutual members;
- High Need/ High-Cost program member staffings; and
- Ongoing technical assistance efforts for members mutually served by the Division and the public behavioral health system.

Program Review Committee (PRC) Updates for 2020

The PRC is responsible for reviewing and approving behavior treatment plans for members who live in residential settings and take psychotropic medications and/or have maladaptive behaviors that interfere with daily life. Previously, each District Chair reported to the District Program Manager. In October 2019, the PRC was moved under the DDD Behavioral Health Administration to establish statewide consistency and provide clinical oversight. In January 2020, the PRC Chairs met for an annual retreat which included training and overview of applied behavior analysis, functions of behavior, components of a behavior treatment plan, and best practice. As part of the oversight function, the following systems were implemented to help track member outcomes and identify areas of program/policy changes.

- Abnormal Involuntary Movement Scale (AIMS) Tracking for members with elevated AIMS scores. Per Article 9, members who receive an elevated AIMS score must receive a second level review from a psychiatrist. The Division tracks changes in scores and the completion of second level reviews.
- Protective Device Tracking- Several DDD members have protective devices to prevent self-injury. In order to promote best practice, PRC Chairs were asked to elevate these cases for clinical review to ensure that those members have a referral for an Functional Behavior Assessment (FBA) to determine function of self-injury and develop appropriate replacement behaviors.
- PRC Exits- For members who no longer meet PRC requirements (elimination of psychotropic medications, diagnosis of dementia, or deceased), PRC created exit forms to track and formally exit members from the program.
- Weekly Huddles to discuss metrics:
 - ◊ Number of plans approved

- ◇ Number of plans disapproved
- ◇ Number of plans referred to DDD Behavioral Health Administration
- ◇ Number of plans exited
- ◇ Plans with rights restrictions

Community Protection Group Home Accomplishments and Updates for 2020

In October 2019, clinical oversight of the Community Protection group homes was transitioned to the DDD Behavioral Health Administration (BHA). These homes are behavior focused residential group homes and require additional clinical oversight and program goals which include:

- Assessment of behavior – identifying and defining behavior, basics of behavior, application and assessment of antecedents, setting events, behaviors, consequences
- Skill acquisition techniques/strategies – prompting, shaping, chaining, discrete trial training, error correction, token economies, preference assessment
- Behavior prevention and reduction- reinforcement, schedules of reinforcement, emergency protocols
- Documentation and reporting
- Promoting independence – prompt fading, generalization, maintenance of skills, teaching daily living skills, functional communication

The DDD Behavioral Health Administration provides additional clinical oversight and monitoring which includes:

- On-site observation (bi-weekly visits to the homes)
- Interdisciplinary meetings (weekly clinical oversight meetings between BHA and vendor’s clinical teams.
- Program/site clinical monitoring
- Behavior Treatment Plan clinical monitoring
- Incident review and review of Emergency Measures

X. Other Division Activities that Support Arizona’s Families

Providing services and supports to members and families is very important to the Division. In addition to the services and supports listed above, the following are some examples of how the Division serves as a leader for members and families:

- There are about 750 children who are DDD eligible and served by the Department of Child Safety (DCS). The two systems work collaboratively to ensure that children receive the services they qualify for. The Division has a designated DCS Liaison to facilitate effective working relationships with DCS field staff. This includes site visits to individual DCS field offices, presentations on DDD information, participation in joint work groups and facilitation of inquiries from both the Division and DCS staff. In addition, the DCS Liaison provides information and training on DCS policies and procedures to DDD staff with a focus on collaborating to achieve the best outcomes for the child. This past year, the engagement and DDD information sharing has been expanded to the DCS contracted service providers including licensing/adoption agencies, parent aide agencies, Family Preservation teams, etc. With the COVID-19 pandemic, these presentations have been conducted virtually.

- DDD's Memorandum of Understanding (MOU) with DERS/VR was updated to guide and formalize the responsibility of both agencies for provision of enhanced coordination of RSA/VR services to DDD members. The MOU calls for a dedicated VR Counselor with knowledge of cognitive disabilities and behavioral health disorders to serve DDD members in foster care. On a quarterly basis, the DCS Liaison facilitates a meeting with DDD Employment Specialists, VR staff, and DDD field representatives to exchange referral data, reasons for non-referral and ways to improve the referral process for foster youth. DDD and VR staff invite stakeholders to share information on various employment related matters with the goal of increasing awareness and increasing referrals for DDD members age 14 and older who are appropriate for employment services.
- The Division has a designated Tribal Liaison who works with the other DES Tribal Liaisons to facilitate effective working relationships with the 22 federally recognized Arizona tribes. This includes site visits to individual tribal nations, joint presentations, and facilitation of inquiries from both the Division and the tribes. During FY 2020, DDD staff participated in the following tribal activities:
 - ◊ Fourteen in person tribal visits
 - ◊ Eighteen tribes visited
 - ◊ Sixteen tribal communication meetings
 - ◊ Eight presentations to tribes
 - ◊ One Tribal Consultation
- The Division has 2,009 members who identified themselves as American Indian/Alaskan Native. The DDD Tribal Liaison tracked tribal affiliation for the 22 Arizona tribes, as well as non-Arizona tribes, for accurate data to be shared with the tribes and for Division planning purposes.
- The Division has an Intergovernmental Agreement (IGA) with the Navajo Nation Division of Social Services to provide comprehensive case management for DDD ALTCS members that are residing on the Navajo Nation. The comprehensive case management duties are the same as a DDD Support Coordinator. The contracted unit served an average of 196 members of the Navajo Nation per month during FY 2020.
- The Division has a Bachelor of Social Work (BSW) and Master of Social Work (MSW) Internship Program with various universities to provide opportunities for social work students to gain practical field experience working with Division members. This collaboration with universities/colleges is an approved field placement for course credit. It is also an opportunity to expose students to members with developmental disabilities in the community and to help recruit potential new employees for the Division. This past year, the program transitioned from a voluntary internship to a paid internship placement. This will incentivize more students to consider internships with the Division.
- The Division's Health Care Services continues to facilitate the AHCCCS High Need/High Cost (HNHC) program. This is done through the ongoing identification of members who meet the criteria for the program. Program members' needs are staffed with the Division's subcontracted health plans and may have included Regional Behavioral Health Authorities (RBHA), behavioral health providers, and Children's Rehabilitative Services (CRS) representatives, when appropriate.
- The Division's Self-Determination and Self-Advocacy (This Is MY Life) contracts with

Ability360 and DIRECT to provide curriculum development and training to assist members in learning self-determination and self-advocacy values. Self-determination promotes learning decision-making skills to apply in everyday life. Project objectives include focusing on abilities, developing a self-determination community, member-controlled provider contracts, member budgeting, promoting programs that support inclusion, and improving operating efficiencies within DDD.

- The Division supports councils and family groups. Family groups are parent-driven and provide support and learning opportunities; and there are specialized groups for Autism, Down Syndrome and groups for families who speak Spanish as their primary language. These groups are located throughout the state. Some of these include:
 - ◊ Developmental Disabilities Advisory Council (DDAC), a Governor-appointed council that advises the DDD Assistant Director
 - ◊ Independent Oversight Committees (IOC), formerly known as
 - ◊ Human Rights Committees
 - ◊ Program Review Committees (PRC)
 - ◊ Stakeholder Work groups
 - ◊ State Operated Intermediate Care Facilities Governing Body
 - ◊ Arizona Achieving a Better Life Experience (ABLE) Act
- Along with the Division's Community Engagement Coordinator, Employment Services Specialists participate in outreach presentations to members, parents, advocacy and community groups on DDD employment services. They also attend community events such as transition, job, and provider fairs, career expos and other events to answer questions and educate the public on employment services.
- The Division collaborates with other state agencies and stakeholders, through participation in the Arizona Statewide Community of Practice on Transition, which meets monthly and is developing a Transition Guide for families. The Employment Specialists participate in local Communities of Practice involving school districts, providers of service, advocates and other state agencies to promote post-secondary transition employment opportunities.
- The Division's Workforce Development Manager works with the qualified vendors and subcontracted integrated health plans to ensure members receive services from a workforce that is qualified, competent and sufficiently staffed in an interpersonally, clinically, culturally and technically effective manner. The Division has implemented an operational infrastructure for workforce policy management that monitors and manages the Workforce Development Plan and other related activities.
- The Division continues to work with AHCCCS to develop a standardized set of metrics for measuring workforce stability to support and inform the development and implementation of the Division's Workforce Development Plan. The metrics include average time to fill, turnover, and retention.
- The Division's Policy Review Team (PRT) meets monthly. The PRT is responsible for the annual policy review, policy approvals and clarifications. New policies or major policy revisions are shared with the DDAC for input and review.
- The Division provides policy updates through an Opt-In list. Families, members, and community stakeholders submit their contact information to the DDD Policy Unit to receive email updates when there are changes to policy. There are currently over 460 individuals on the Opt-In list.

- New Support Coordinators complete over 120 hours of initial classroom training upon hire that teaches them the philosophy of the Division, how to recognize and report maltreatment and abuse, the critical components of person-centered planning and provides the foundation for further on-the-job training. The skills developed during the training are reflected in the interactions Support Coordinators have with members and families.
- New State Operated Group Home staff complete over 80 hours of initial classroom training upon hire that teaches them the philosophy of the Division, how to recognize and report maltreatment and abuse and the critical components of respectful, appropriate active treatment and care. The Division operates Intermediate Care Facilities (ICFs) and new staff within these ICF settings also receive the same training.
- The Division owns and operates a step-down home. This State Operated Group Home is designed to facilitate timely transition of members who are discharge ready from inpatient facilities back into the community. The program consists of two short-term community-based beds and intensive on-site support services to assist in linking qualified members with appropriate long-term care services and supports. Critical to the process is the early involvement by specialists in developmental disabilities and mental health to create a member centered community re-integration plan.
- The Division's Office of Individual and Family Affairs (OIFA) provides support to Independent Oversight Committees (IOCs), formerly known as Human Rights Committees, organized within each District across the state. These committees are comprised of local volunteers who provide independent oversight in matters related to the rights of individuals with developmental disabilities such as incidents of abuse, neglect, or exploitation. Committees usually meet once a month to:
 - ◊ Review incidents that may have involved neglect, abuse or denial of rights to members receiving services;
 - ◊ Review behavior programs which involve the use of behavior-modifying medications or aversive techniques;
 - ◊ Review proposed research involving members receiving services; and
 - ◊ Make recommendations to DDD about proposed changes needed to protect the rights of members receiving services.
- The Division's Quality Management System (QMS) includes the Incident Management System (IMS) which is the automated system for incident reporting. For Quality of Care (QOC) concerns, the Division utilizes the AHCCCS QMS Portal which is a confidential system for completing QOC investigations. The purpose of the AHCCCS QMS portal is to assist in the promotion of health, safety, and welfare of individuals with developmental disabilities through active reporting, fact-finding, tracking and trending of incidents, and the implementation of both individual-specific and systemic-corrective actions and prevention strategies.
- The Division's Quality Management Program Monitoring Unit conducts monitoring of group homes, center-based programs (Day and Employment), Home and Community Based Services (HCBS) and qualified vendors providing developmental home services for children and adults each year for compliance with programmatic standards. The Unit also completes audits of the Direct Care Worker training programs across the state.
- The credentialing team members gather information to support the Division's credentialing process of qualified vendors.

- On October 1, 2019, DDD established an Office of Individual and Family Affairs (OIFA). This office consists of the Division's Customer Service Center, Provider Relations, Affordable Housing, Outreach and multiple liaison supports, including benefits coordination, Department of Child Safety/foster care, justice, and member councils.

DDD OIFA also includes informal supervision of the Division's internal and external communications, community engagement, and Tribal Relations efforts. With the development of OIFA, DDD added Behavioral Health Advocates to the team to empower DDD members with co-occurring behavioral health, general mental health and/or substance use needs, as well as members with a Serious Mental Illness (SMI) designation. These advocates provide focused support and guidance: one advocate assists adult members and families, and the other supports the families of members who are children. These advocates provide guidance to members and families with navigating the behavioral health systems of care and community resources. They collaborate with the DDD Health Plans and AHCCCS Complete Care Plans OIFA offices to educate and support members, families, community organizations, DDD staff and stakeholders on the services and supports available. DDD OIFA leverages the expertise of its staff to provide clarity and transparency to the DDD community that supports them. DDD OIFA strives to educate first responder organizations and the general public on its DDD eligibility and services, in an attempt to remove barriers and destigmatize its population.

- In early 2019, DDD partnered with Raising Special Kids and Northern Arizona University, Institute for Human Development to conduct 60 in-person and three virtual member, family and provider forums throughout the state; gathering community input on DDD Long Term Services and Supports (LTSS) and ways the Division can improve, among other topics. All of the data was then analyzed by the respective partner agencies who provided the Division with detailed reports of their findings. These reports can be found on the DDD website: <https://des.az.gov/services/disabilities/developmental-disabilities>

Based on the report findings, DDD has introduced several initiatives including stakeholder Advisory Groups to give members, families, and providers a stronger voice in the Division's network development and service delivery decisions. The Division has also implemented a project to publish videos outlining DDD services and supports, safeguards, and member expectations as well as addressing many questions surrounding DDD eligibility. Once a video is finalized, it is posted to the DDD website for public viewing. Some of the topics include:

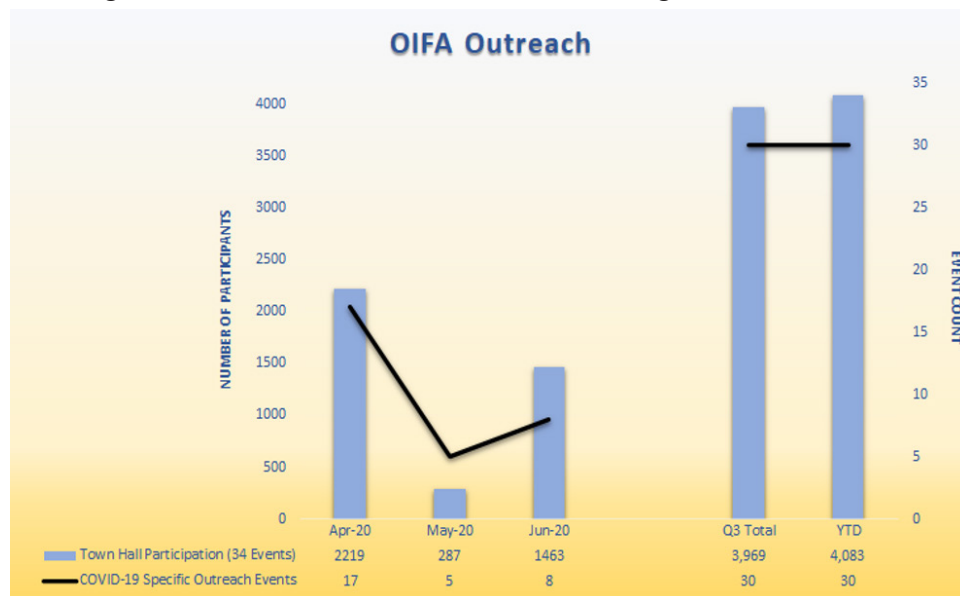
- ◇ How Services are Assessed?
- ◇ What do Targeted Support Coordination or DDD Only mean?
- ◇ DDD Affordable Housing Program
- ◇ How do I file a Grievance?
- ◇ What happens when a DDD Member is involved with the Justice System?
- ◇ What is an Independent Oversight Committee?
- ◇ What are Long Term Services and Supports?
- ◇ DDD Employment Services
- ◇ How does DDD interact with the Department of Child Safety?
- ◇ What support does DDD provide its members in the Tribal communities?

The Division also implemented an open public forum initiative to maintain a healthy dialogue with the DDD community, to share the findings of these reports from Raising Special Kids and Northern Arizona University, Institute for Human Development. Starting in the Fall of 2019, the Administrator of DDD’s OIFA travels monthly to locations throughout the state to discuss the Division’s strategic efforts to solidify processes that support the community responses to what is going well; and its strategic plans to address the identified areas of improvement, with an emphasis on continuing to request and record community input on these topics.

- On April 2, 2020, DDD initiated weekly virtual Town Hall events to address the Division’s response to the COVID-19 pandemic. These public virtual events are hosted by DDD Executive Leadership and provide guidance and direction for members, families, provider agencies, and stakeholders on the actions taken to ensure continuity of care while mitigating the risk of the spread of COVID-19. Between April 2, 2020 and June 26, 2020, DDD conducted 30 individual COVID-19 Town Hall events with almost 4,000 participants (combined). In April, these virtual events included two for DDD staff only, six for residential qualified vendors and one Town Hall event for Spanish speaking families and providers.

In support of the DDD COVID-19 response, the Executive Leadership worked closely with AHCCCS to provide specific member and provider written guidance and flexibilities. Some of these include:

- ◇ COVID-19 QVA Guidance for Congregate Settings and Direct Care Workers
- ◇ DDD Qualified Vendor and Provider Frequently Asked Questions (FAQs)
- ◇ Assessing Risk for DDD Members who are at Higher Risk for Severe Illness from



COVID-19

- ◇ Qualified Vendor Notification of Service Delivery Changes to DDD
- ◇ Day Treatment Service Location Flexibilities
- ◇ Prior Authorization of Member to Staff Ratio Billing
- ◇ Behavioral Health Support through Peer and Family Run Organizations
- ◇ Virtual Support Coordination Planning Meetings

- ◇ Allowing Parents as Paid Direct Care Workers for their Minor Children
- ◇ Increased Annual Respite Hours
- ◇ Hand Hygiene and Social Distancing Guidelines
- ◇ Home Delivered Meal Services for Long Term Care Recipients
- ◇ Developmental Home License and Renewal Inspections
- ◇ Training Certification and Renewal Provisions
 - » Remote Learning for Direct Care Workers
 - » Article 9
 - » CPR/First Aid
 - » Prevention and Support
- ◇ Telehealth Provisions for:
 - » Speech, Occupational and Physical Therapy
 - » Early Childhood Autism Services, Habilitation and Music Therapy
 - » Employment and Habilitative Services
- ◇ COVID-19 Temporary Provider Payment Strategies
 - » Temporary Incentive Rate
 - » Value Based Payments

To ensure members, families, providers and stakeholders could readily access all of this information, DDD developed a publicly accessible COVID-19 specific webpage (https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions_related_to_covid-19) to publish the written guidance documentation, resources, health plan updates, service delivery changes, accommodations, temporary provider payment strategies, provider surveys, past virtual Town Hall presentations, and COVID-19 positive member data. The DDD COVID-19 webpage is regularly updated to ensure the most current information available.

- DDD, in partnership with the Director’s Office of Community Engagement (OCE), continues to partner with the First Responder community. Presentations on DDD help First Responders understand approaches to working with individuals with intellectual or developmental disabilities. Audiences include law enforcement, firefighters, 911 dispatchers, hospital personnel and a variety of other first responders. The Developmental Disability Safety Coalition, which started at the end of FY 2018, is going strong. The Developmental Disability Safety Coalition is a committee of stakeholders, including first responders, whose mission is to promote collaboration between individuals, families and community partners that promote safe and successful outcomes, increase awareness and improve community interactions. In partnership with the OCE, a single staff person within the Customer Service Center is the main contact person for all first responders.
- The Medallion Program continues to provide members safety and protection during emergencies. The identification band or tag has the members’ DDD “case number” and a 24-hour DDD Hotline number. First Responders will call the Hotline number during an emergency and DDD will give necessary information to help the member. These identification bands or tags are provided at no cost to the member.
- DDD participated in three (3) DES forums along with the other four DES Divisions including the

Division of Adult and Aging Services, the Division of Employment and Rehabilitative Services, the Division of Benefits and Medical Eligibility, and the Division of Child Support Services. There were additional forums scheduled but those were canceled due to the COVID-19 pandemic. These forums are an opportunity for local community services leaders to join in on a conversation with DES leadership to strengthen the efforts of our shared mission to serve Arizonans in need. DES Divisions share updated information about their programs and provide an opportunity for the public to ask questions.

- Activities of the Office of Administrative Review, which oversees all of the Division’s functions involving appeals, claim disputes, administrative reviews, and hearings, are also reviewed for trends and areas for improvement.
- The Division continues to participate in the National Core Indicator (NCI) Project, a voluntary effort by state developmental disability agencies to track their performance using a standardized set of member and family/guardian surveys with nationally validated measures. The effort is coordinated by the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). NCI has developed more than 100 standard performance measures that the states use to assess the outcomes of services for members and families, including outcomes in the areas of employment, rights, service planning, community inclusion, choice, health, and safety. Results of these measurements can be compared from state to state and from year to year. The Division consistently tracks its performance and each year identifies areas of strength and need. The information is then shared throughout the DDD system. Utilizing the NCI data, the Division’s existing committees, work groups and leadership team identify priority areas to develop and implement improvement strategies. Progress can then be evaluated on subsequent survey cycles. Specific surveys include the Adult In-Person Survey, which is conducted during a face to face conversation with the member and a third-party interviewer. There are three family-related surveys conducted by mail, one each for adults and children living in the family home, and a third for adults living outside the family home. The selection of members and their families to participate in the surveys are random.
- Survey results are from the previous year. The results from 2019 will not be available for the State of Arizona due to the COVID-19 pandemic and the inability to complete the required number of In-Person Surveys. Survey studies are to assess services. The following table shows current performance measures from 2017 and 2018:

In-Person Survey Questions	Year 2017	Year 2018	Percent of Change
Do you take classes/training to get job/better job?	21.20%	16.00%	5.2% Decrease
Did planning meeting include people you wanted to be there?	94.15%	94.00%	0.15% Decrease
Were you able to choose services that you get as part of your plan?	76.00%	66.00%	10.0% Decrease
Services and supports help live a good life?	93.00%	96.00%	3.0% Increase
Staff treat you with respect?	95.50%	96.00%	0.5% Increase

Member can choose or change their Support Coordinator?	89.60%	89.00%	0.6% Decrease
--	--------	--------	---------------

- To improve the quality and stability of the workforce of Direct Support Professionals (DSPs) who assist members with intellectual and developmental disabilities, the Division participates in the Staff Stability Survey. More information on the National Core Indicator and Staff Stability Surveys, along with reports from previous years, can be found at the NCI website here: <https://www.nationalcoreindicators.org/>.
- The Division contracts with Raising Special Kids to provide peer family support services. The contract provides advocacy opportunities through education, training, information, encouragement, and support to members, families, and caregivers. The service also offers participants opportunities to interact with professionals in fields such as education, healthcare, child protection and law enforcement to increase awareness and understanding of developmental disabilities.
- Augmentative and Alternative Communication (AAC) systems are used to establish functional communication when natural speech methods are insufficient to achieve daily communication goals and meet communication needs. AAC is augmentative when it is used to supplement existing speech. It is alternative when it is used in place of speech that is absent or not functional. AAC services and supplies (treatment, evaluation, and AAC system supply) are specialty contracts that are not part of the Qualified Vendor system. Services and AAC systems are issued based on medical necessity and cost-effectiveness as required by DDD contracts with AHCCCS. DDD is currently conducting an outreach campaign to provide accurate and understandable information to members and families so they can take the next steps as appropriate if an alternative AAC system or service is identified for consideration.
- On June 29, 2020, DDD solicited public comment for the purpose to transition the AAC benefit to the DDD Health Plans on October 1, 2020. Comments were reviewed closely and feedback taken into account. As a result, the implementation will be moved to January 1, 2021. The reasons for this transition include:
 - ◇ DDD believes that the transition of the benefit will allow for improved member experience and will support a timely, streamlined, and efficient prior authorization process for AAC services;
 - ◇ DDD Health Plans currently manage all other Durable Medical Equipment (DME) benefits with the exception of AAC. They can leverage this experience plus their broad network of providers and clinical and operational resources for the best result for members;
 - ◇ DDD will still oversee and monitor the Health Plan's administration of this benefit to ensure the provision of medically necessary, cost-effective, and timely delivery of services.
- DDD will continue to administer all requests for services and AAC systems initiated before January 1, 2021. DDD Health Plans will administer all requests for services and devices, including repairs and replacements, after January 1, 2021. In preparation for this change, DDD has established a webpage dedicated to this transition and posted a Frequently Asked Questions (FAQs) document that will be updated as new information is available. Significant readiness activities will occur ahead of the transition including training of staff, providers, member outreach, etc.

XI. A Snapshot of FY 2020 Accomplishments

To support members and their families, the Division engages in continuous improvement opportunities and actively collaborates with its community partners and stakeholders. Some examples include:

- The Division contracts with Relias Learning to provide online courses to all employees to increase their knowledge and awareness of cultural competency, person centered thinking, supporting members with complex healthcare needs and dual diagnoses.
- The Division participates in the AHCCCS Justice Reach-In Initiative which is specific to adult ALTCS eligible members who are incarcerated 30-days or longer. As part of this initiative, the Division's Justice System Liaison coordinates the efforts of the Division's community partners with internal staff. The combined efforts of the Division, AHCCCS, justice partners, DDD Health Plans, RBHAs and the AHCCCS Complete Care (ACC) Plans provide integrated care coordination and re-entry assistance to the incarcerated population. DDD provides support to all members who may come into contact with the justice system.
- The Home Modifications Unit received 280 requests for home modification assessments to identify potential modifications to assist the member in performing activities of daily living and/or assist the caregiver in completing activities of daily living for the member. The modifications support the member through living with greater independence and thereby improving their quality of life.
 - ◊ Based on medical necessity, 127 home modifications were completed that could not be met with the use of durable medical equipment alone.
 - ◊ A total of 88 assessments resulted in closures for various reasons, such as:
 - » Thirty-seven (37) assessments resulted in a referral to the member's acute care plan for durable medical equipment to meet their accessibility needs when completing activities of daily living.
 - » Thirty-one (31) assessments resulted in family requests for closures because member's responsible person chose to opt out of Division recommended modifications and sought alternative resources.
 - » Fourteen (14) assessments resulted in closures because members did not demonstrate medical necessity.
 - » Two (2) assessments resulted in closures due to members passing away before the start of the project.
 - » Four (4) assessments resulted in closures because there were two or more DDD members living in the same home with the same modification needs; therefore, the need is addressed by one home modification project that will meet the needs of all of the members in the household.
- The Home Modification Unit was able to serve DDD members by assisting with the provision of 205 ramps for access into the home, 284 bathroom modifications to assist with hygiene and toileting, 206 door modifications for improving accessibility in the home, and 164 other types of modifications that promote increased member independence in their homes. The Home Modification Unit also monitored the projects to assist and address any member's or responsible person's concerns.
- In the past year, 1,113 presentations and various types of events have been provided to school districts, first responders, contracted providers, and community stakeholders, including health

care providers, Department of Child Safety personnel, and tribal entities. DDD interacted with 38,561 people during these events throughout the State of Arizona. Outreach efforts gave the public an overview of DDD and helped to make community members more aware of available services and resources. In addition, information was shared about the OIFA.

- The Division's pages on the DES website continue to be refined with more graphics and easier to read content for members, families and providers. The Division continues to incorporate modern web design elements that make navigation and accessibility easier.
- The Division continued its initiative to utilize technology to increase communication with members and families. The Division began using ConstantContact to send a monthly OIFA newsletter to subscribers. These newsletters supplement the bi-annual newsletters that are mailed to all members. Additionally, PDF copies in both English and Spanish are uploaded to the Current Member Resources page on the website enabling individuals who have not subscribed to read the information in digital format.
- The Division continues to use Facebook as a means to communicate with members, families and stakeholders. The process of gaining followers has been slow, but steady. The Division encourages members and families to follow DDD on Facebook in each of its emailed newsletters and through communications with Support Coordinators.
- The DDD Provider Publications Manager audits all provider websites in rotation to verify functionality of links, consistency of claims regarding approved services for members, and accuracy of legal references. Deficiencies are tracked by the DDD Publications Manager and communicated to providers. The DDD Provider Publications Manager also verifies the presence of AHCCCS required information in a yearly audit of the Division's website and ensures any deficiencies are corrected.
- Through a Section 811 Project Rental Assistance program (PRA) grant, the Division collaborates with the Arizona Department of Housing (ADOH) and AHCCCS to obtain and maintain affordable housing for Division members. The Section 811 PRA program enables individuals with disabilities who are income, and ALTCS eligible, to live in integrated, affordable housing. The 811 PRA grant provides a subsidy for 55 apartments throughout the state of Arizona, apartments are leased as vacancies occur.
- In partnership with the Housing Authority of Maricopa County (HAMC), the Division was allotted 30 renovated apartments at Coffelt-Lamoreaux Apartment Homes as part of affordable housing opportunities. These units continue to be a great opportunity for members and remain filled.
- Between the dates of July 1, 2019 and June 30, 2020, 19 members were able to move into the 811 PRA Units and Coffelt-Lamoreaux.
- There was one progressive move which reunited a mother and son, the member's move was progressive because the member moved from a group home back into the community with his natural support.
- During the last FY, 6 members who were homeless, were successfully able to obtain housing through the DDD Affordable Housing Program.
- HAMC was awarded 45 vouchers in March of 2019 and gave Division members preference for 11 of these vouchers. During the time frame of July 1, 2019 through June 30, 2020, Support Coordinators referred 15 members to the DDD Affordable Housing wait list for the HAMC Mainstream Vouchers. Four members successfully leased apartments using their vouchers,

two ported their vouchers to another Public Housing Authority and one member exited the Mainstream Voucher program.

- Support Coordinators referred over 89 members to the DDD Affordable Housing wait list for Coffelt-Lamoreaux and the 811 Project Rental Assistance units.
- The DDD DCS Liaison Unit participated in a total of 118 statewide meetings and/or educational presentations to DCS staff and stakeholders.
- Through the DDD internship program, one BSW student completed an internship, working with Support Coordinators, with the support of a DDD Field Instructor from OIFA and a Task Instructor from Support Coordination in the East Valley of Maricopa County.
- The Division's Contract Unit provided three seminars titled "Contracting with DES." The average attendance at each seminar was 65 participants.
- The Contract Unit evaluated the application process to find ways to shorten the time needed from application to approved contract. This evaluation was formed for the implementation of new processes, resources and policies. The work groups included participation by five representatives of the vendor community. One of the outcomes was a new online applicant user guide which provides step-by-step instructions for successfully completing a Qualified Vendor Application for contract.
- The Employment Services Unit provides training and technical assistance in the latest developments and best practices in employment services to the Division's Support Coordination Units and qualified vendors. The Employment Service Specialists attend Support Coordination Unit meetings to provide updates on employment services and answer questions. Upon request, Employment Specialists also attend DDD planning meetings, Individual Education Plan (IEP) and/or Individual Plan of Employment (IPE) meetings to assist in creating a plan that best meets each member's needs. New Support Coordinators attend a full day training presented by Employment Specialists on the seven types of employment services, how to assess members for each service, and the role of RSA/VR in helping DDD members obtain competitive integrated employment. Employment Service Specialists also work on special projects, participate in webinars, and take training to stay current with statutory changes and best practices related to employment.
- Employment Service Specialists work with qualified vendors to encourage them to expand the types of employment services they offer to members. Technical assistance is provided to qualified vendors on employment related policies and procedures to ensure compliance with contractual requirements. Additionally, Employment Service Specialists make presentations at Network provider meetings to update qualified vendors on employment services.
- The Division implemented a refined eligibility process. As part of this streamlining, the Eligibility Unit developed an application packet aimed at making the eligibility determination process more understandable for applicants. As a result of the redesigned process, DDD has been able to make eligibility determinations on average of 30 days or less. For current members, DDD has also begun the development of a redesigned process for redetermination that will include better communication with members, stronger collaboration with Support Coordination and more timely completions of redeterminations.
- The OIFA/Customer Service Center conducted 19 virtual training opportunities for Support Coordinators statewide to assist them in better understanding the process of resolving a grievance and how to collaborate for timely resolution. During these events, information was shared on the structure of OIFA and also introduced the two new behavioral health advocates.

XII. Conclusion

DDD strives to uphold its mission to empower Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives. During FY 2020, the Division moved towards providing integrated health care to allow for better health outcomes for members as well as enhanced well-being and quality of life. Additionally, during FY 2020, the Division responded to an unprecedented health emergency, the COVID-19 pandemic. The Division's efforts around these events are outlined below.

Effective October 1, 2019, DDD began providing integrated health care, both physical and behavioral health services, under one health plan through sub-contracts with Mercy Care (MC) and UnitedHealthcare Community Plan (UHCCP). DDD conducted readiness of contractor's activities to assess both MC's and UHCCP's readiness to provide integrated healthcare and ability to adequately provide covered services to members. This assessment included ensuring the subcontractors had an appropriate network, were able to deliver services to members and that they had processes and staff in place to successfully meet member needs.

The preparation for this integration involved over 25 different operational areas within the Division. The project was completed successfully, and the integrated contract took effect on October 1, 2019, with no major issues.

The COVID-19 pandemic also had a great impact on the Division FY 2020. The health and safety of members, families, and the professionals in our system was the top concern for the Division through the pandemic. The Division identified early that mitigation strategies would be critical for limiting the spread of COVID-19. However, these strategies also impacted service delivery and traditional methods of access to services.

Some of the steps DDD took during the COVID-19 pandemic included:

- Member Outreach:
 - ◇ Support Coordinators reached out to members and families directly to offer assistance at the onset of the public health emergency.
 - ◇ Created a COVID-19 web page which was updated regularly regarding actions DDD took in response to COVID-19.
 - ◇ Increased frequency of Town Hall meetings for members, families and providers.
 - ◇ Updated the Actions Related to COVID-19 web page with additional resources as they were developed for members, families, caregivers, and providers including information around behavioral health and resilience.
- Service Delivery and Support from DDD Staff
 - ◇ DDD monitored service delivery, conducted virtual meetings with members and families (instead of in-person), allowed additional services to be delivered via telehealth and educated members, families and providers about COVID-19 and strategies to stay safe and healthy.
- Provider Outreach and Guidance
 - ◇ DDD regularly communicated with its vendors and providers through its standard communication channels, as well as making communications available on the DDD Actions Related to COVID-19 web page. DDD shared guidance and expertise from the

Arizona Department of Health Services (ADHS) and Centers for Disease Control and Prevention (CDC) related to preventing exposure and managing suspected cases. In addition, DDD connected with other states regarding best practices in these areas and distributed relevant information to vendors and providers about actions to take during the public health emergency.

- Vendor Financial Assistance

- ◇ The COVID-19 pandemic had significant impacts on the vendor community, in the form of member absences from programs, staff absenteeism and increased costs associated with cleaning/disinfecting and personal protective equipment (PPE). Continued vendor financial viability is critical to ensuring services are available to members.
- ◇ DDD utilized different incentives to vendors including value-based lump sum payments to support providers experiencing increased costs associated with the COVID-19 emergency and temporary rate increases designed to address retention and recruitment of direct care workers.

At the time this report was submitted, the COVID-19 pandemic was ongoing. DDD will continue to monitor the COVID-19 pandemic and its impact on members, families and providers into FY 2021.