



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT ANNUAL REPORT

July 1, 2016 – June 30, 2017

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DES True North:

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

Our Values:

- Teamwork – We collaborate with humility, and partner with kindness.
- Respect – We appreciate each other, and value those we serve.
- Integrity – We never lie, cheat, steal, bully or harass – nor tolerate those who do.
- Accountability – We commit to excellence, innovation and transparency.
- Diversity – We respect all Arizonans, and honor those in need.

Our Vision:

Opportunity, assistance and care for Arizonans 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.

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 a result of collaboration with families, advocacy organizations, providers of services and the Division of Developmental Disabilities (Division or DDD) in recognition of the significance of family support as a national initiative. The Division integrates the philosophy of the legislation into all of its programs and activities. This Annual Report highlights initiatives and systems successfully implemented, and describes the ways in which individuals and families are supported through the Division and its many collaborators.

Family support is defined as services, supports and other assistance provided to families with members who have a developmental disability and are 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, 2017, The Division of Developmental Disabilities within the Arizona Department of Economic Security provides services and programs to 39,160 people with developmental disabilities. The Division believes that people can best be supported in integrated community settings. The majority of the Division's programs and services are tailored to meet the needs of individuals and their families at home and in community-based settings.

The Division coordinates services and resources through central administrative offices, District offices and local offices located in communities throughout Arizona. There are five (5) Districts statewide. They include: District Central, District East, District North, District South, and District West. These District and local offices promote the use of existing community resources and program flexibility to meet the needs of individuals with developmental disabilities and their families. While a few services are delivered directly by the state, most services and supports are delivered through a network of individual and agency providers throughout Arizona.

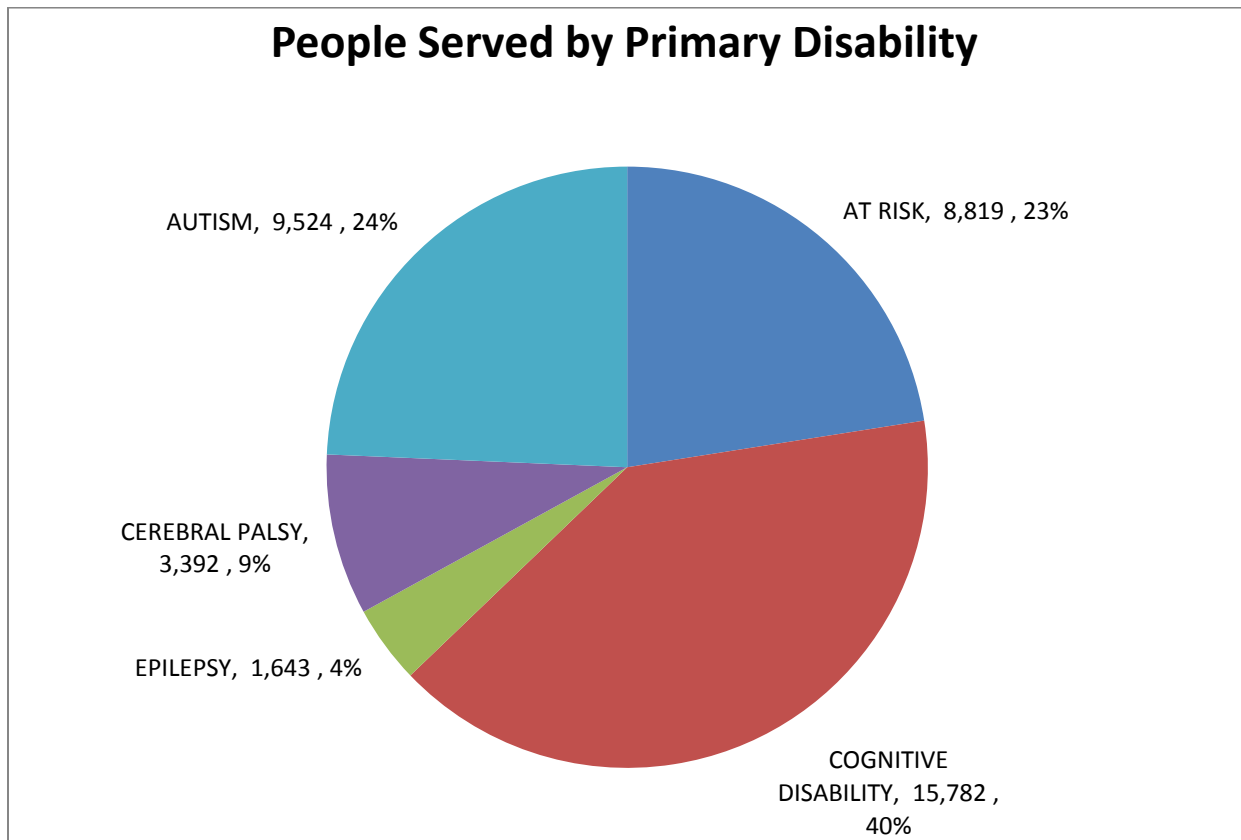
Division Eligibility Criteria: To qualify for supports and services through the Division, an individual must:

1. Voluntarily apply;
2. Be an Arizona resident and be lawfully present in the United States;
3. Have been diagnosed with autism, cerebral palsy, epilepsy, or an intellectual disability which manifested before the age of eighteen and is likely to continue indefinitely; and,

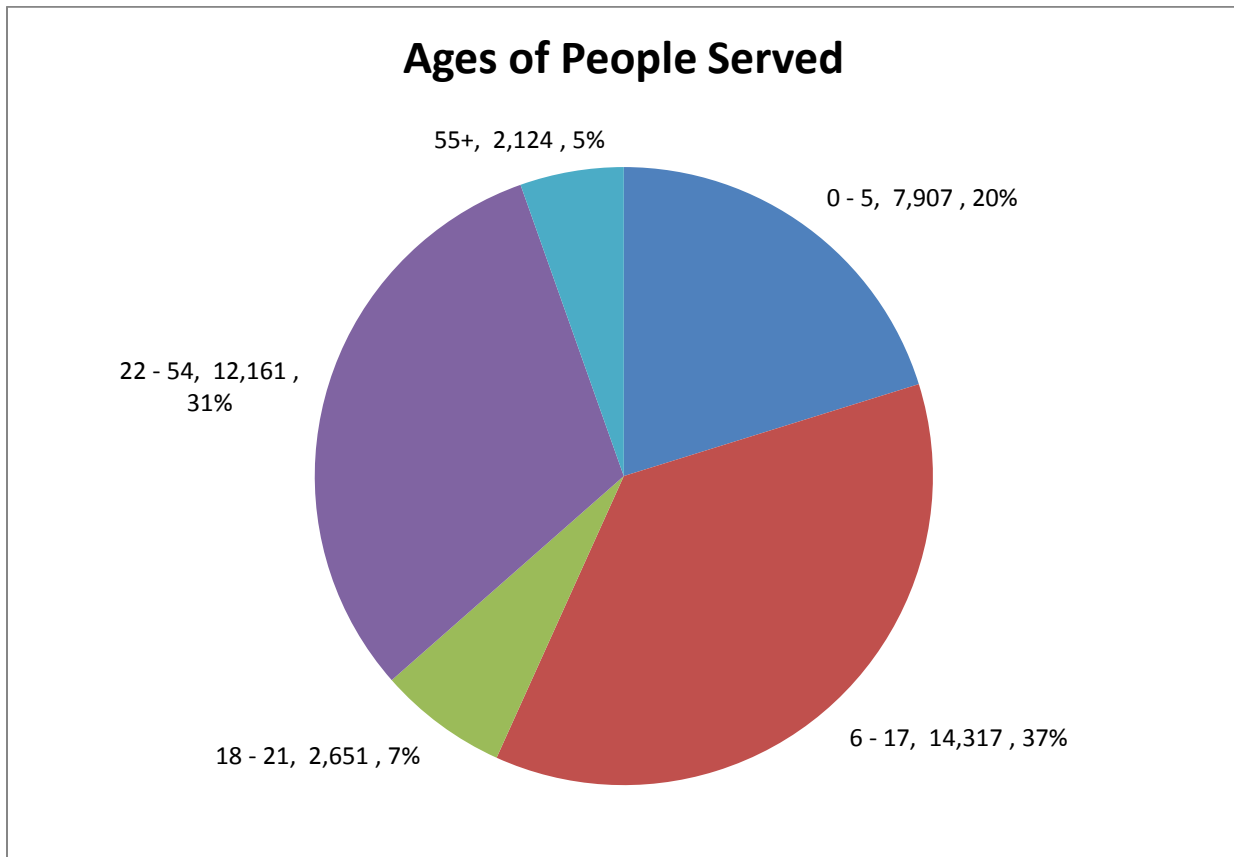
4. Have substantial functional limitations in three or more of the following life areas that are directly attributable to the qualifying diagnosis:
 - a. Self-care: Needing help with eating, hygiene, dressing, using the bathroom, etc.
 - b. Receptive and expressive language: Communicating with others.
 - 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.
 - g. Economic self-sufficiency: Being financially independent.

Children under the age of six may be eligible for services when they are determined to be at risk for a developmental disability.

The following chart shows the breakdown of eligible individuals by primary disability as of June 30, 2017:



The Division supports people of all ages. The following chart shows the breakdown of eligible individuals, by age, as of June 30, 2017:



The Division provides services through two primary funding sources: state general fund and Medicaid.

The Division provides services to three eligibility categories or populations: (1) state-only funded members, (2) Arizona Long Term Care System (ALTCS) members, and (3) Targeted Support Coordination (TSC) members.

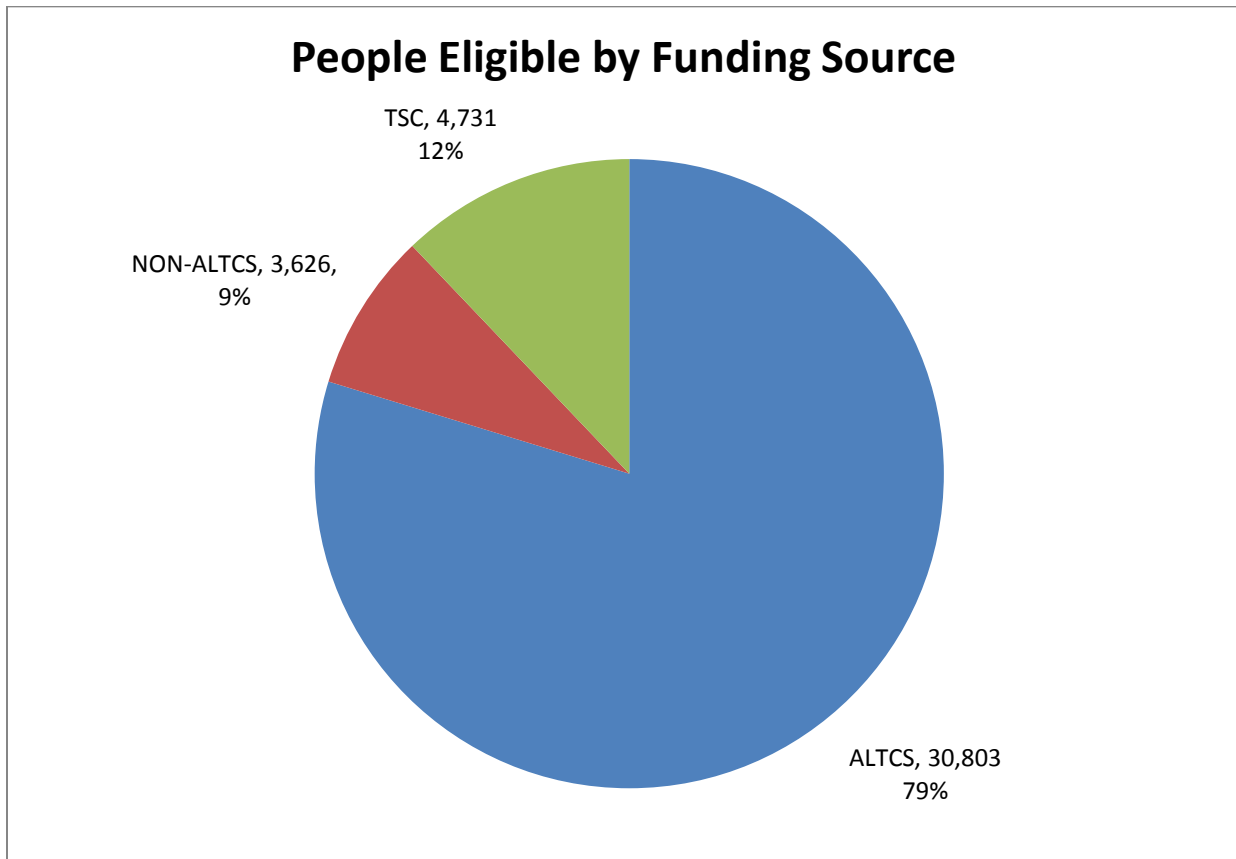
Individuals who meet the Division’s eligibility criteria, described above, receive state-funded services not-to-exceed the Division’s legislative budget appropriation. Children under the age of three receive state-funded services in accordance with the Individuals with Disabilities Education Act (IDEA)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

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. Arizona Health Care Cost Containment System (AHCCCS) staff determines eligibility for ALTCS through a review of the person’s functional needs and financial eligibility. AHCCCS is the Arizona Single State Medicaid Agency and oversees the Medicaid

program. In Arizona, the Medicaid program is a research and demonstration waiver approved through the Federal Centers for Medicare and Medicaid Services (CMS), and is intended to demonstrate that home and community-based services and a managed care approach are more cost effective than institutionalization. Long term care, behavioral health, and acute care services are bundled to improve care coordination and enhance service delivery under a single system of support managed by the Division.

Targeted Support Coordination (TSC) is an option for people who qualify for services through the Division and who are also eligible for Medicaid acute care through AHCCCS, but are not eligible for ALTCS. AHCCCS determines if an individual is eligible for the TSC program. This option allows the individual/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 the individual by assisting in identifying community resources and helping to coordinate acute care services provided by Medicaid. These individuals may also receive state-funded services not to exceed the Division's legislative budget appropriation. For persons under age 21, Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services are covered.

The following chart shows the breakdown of eligible individuals by funding source as of June 30, 2017:



The Division provides most of its services through a statewide network of profit and non-profit agencies (Qualified Vendors) and independent providers. Services are provided based on the person's identified needs, state and/or federal guidelines and, when applicable, the availability of funds. See Section VI for the number of vendors and providers.

III. Services and Supports

People receive assistance from a Support Coordinator (case manager) in assessing needs and obtaining services and supports. The role of the Support Coordinator may include:

- Facilitator – leading the team that develops and implements an Individual Support Plan (ISP).
- Advocate – advocating for the needs of the person as identified by the person and family.
- Teacher/modeler – helping a person gain self-advocacy skills.
- Coordinator – coordinating supports and assessing for medically necessary services.
- Mediator – assisting with communication between a person, family, and other systems, with a focus on working together.
- Information source – knowing about community supports, other systems, and supports from the Division.
- Monitor – monitoring the plan to ensure quality of supports and services, as well as progress towards reaching the individual's goal.

ALTCS provides funding for many services based on assessed need. Based on the availability of State funding, the Division's state-only funded program offers essentially the same services except for acute and behavioral health services. An asterisk (*) indicates services that are available for ALTCS members only.

- Augmentative Communication Devices (devices that help a person communicate, such as a tablet, notebook, communication board or computer system. Each device is individualized to a person's specific needs and strengths).*
- Attendant Care (help with personal care and housekeeping).
- Behavioral Health (care and treatment for people with behavioral health needs such as crisis services, evaluation and diagnosis, counseling, behavioral health rehabilitation, transportation, respite, medication, psychiatric medication adjustment and monitoring or in-patient 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 congregate and individual community settings).
- Early Periodic Screening, Diagnosis and Treatment Services (EPSDT).
- Employment Services (transition to employment, center-based employment, group-supported employment, individual-supported employment and employment-related transportation).
- Environmental modifications (building modifications to allow an individual to function as independently as possible in their own home).*

- Habilitation (interventions such as habilitative therapies, special developmental skills, behavioral intervention and sensory-motor development designed to increase the individual's skills and functioning).
- Health Plan Services (acute care).
- Homemaker (help with housekeeping).
- 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 individuals who are terminally ill).
- Residential Services (see Section IV).
- Therapies (Occupational, Physical and Speech).*
- Transportation (to ALTCS covered services).*
- Respite Care (short-term care and supervision to provide relief to the caregiver).

Information about children's services can be found in Section VII.

IV. Residential Options

The Division provides services in a variety of living environments, the vast majority of which are community based. Most services are provided in the family or person's home. Opportunities are provided for individuals to choose a place to live, with necessary supports, within their communities, such as receiving supports to live within the family home; living in one's own home or apartment; living in an adult developmental or child developmental home; or residing in a small group home. When residential services are needed, the following options are available:

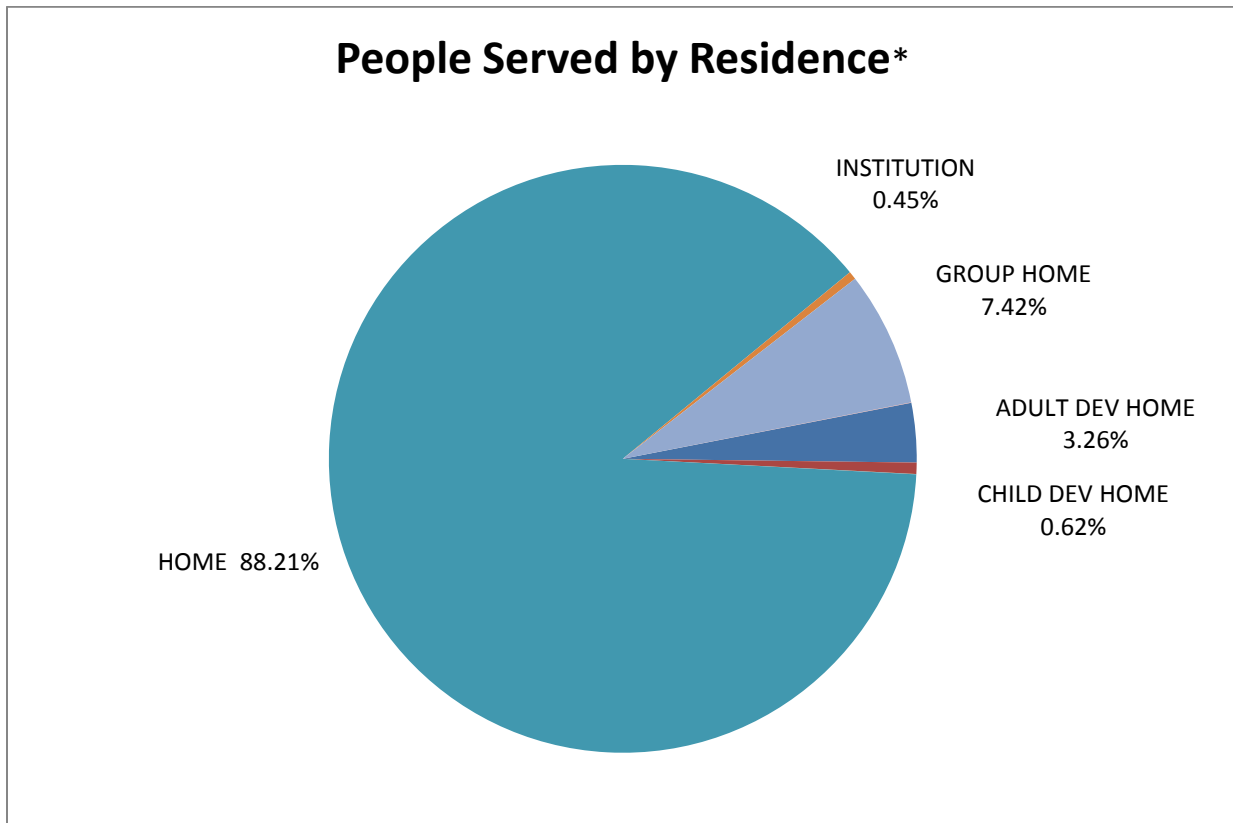
- *Individually Designed Living Arrangement* – This service provides for an alternative, non-licensed living situation for individuals to choose where, and with whom, he/she will live and assume all responsibility for his/her residence. Generally, one or more individuals reside together in a private residence that is leased or owned by the individual(s) and/or the individual(s) representative(s). The focus of this service is to provide teaching supports (habilitation) to individuals based on the collective need for support to eligible individuals who have chosen to reside together and share their resources.
- *Adult Developmental Home* – A licensed, private home contracted to provides supervision, teaching (habilitation) and room and board for a group of siblings or 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 determined (adjudicated) dependent by the court as well as children who can benefit from temporarily living away from home.
- *Group Home* – A residential setting in the community for up to six people with developmental disabilities that provides supervision, habilitation, and room and board. The

group home provides a safe and homelike atmosphere, which meets the needs of individuals who cannot physically or functionally live independently in the community.

Rarely does a person need a more intensive residential setting. For those individuals, the following facilities may be accessed:

- *Assisted Living Centers (ALCs)* – The facility provides resident rooms or residential units to eleven or more residents. 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 (ALHs)* – The facility provides resident rooms and services to ten or fewer residents.
- *Nursing Facility* – This is a Medicaid-certified facility. This service provides skilled nursing care, residential care, and supervision to persons who need nursing services on a 24-hour basis, but who do not require hospital care under the daily direction of a physician.
- *Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)* – A facility whose primary purpose is to provide health, habilitative and rehabilitative services to people who require them on a continuous basis.

The following chart shows the breakdown of eligible individuals by residence as of June 30, 2017:



*Behavioral Health Residential Facility, .02% and Assisted Living Center, .01% are not included in the graph above.

V. Employment Options

The Division offers a variety of employment services. As needed, the Division also coordinates services with the Arizona Department of Economic Security, Division of Employment and Rehabilitation Services, Vocational Rehabilitation (DERS/VR) to ensure the Division member is receiving every opportunity available to assist in their successful employment. Based on a person's needs and interests, the following options are available:

- *Individual Supported Employment* – This service provides Job Coaching and/or Job Search for eligible Division members. Job Coaching is a time-limited service that provides regular contacts with the employed person and/or with their employer. This service is intended to help the person develop the specific on-the-job skills necessary for successful employment. Job Search may be provided when it is not available through DERS/VR. Job Search includes job development and assistance in matching the individual with a community-integrated competitive job.
- *Employment Support Aide* – This service provides people with the one-to-one supports needed for the person to remain in his/her employment. These supports could include one or more of the following three options: limited personal-care services, behavioral supports

and/or follow-along supports needed to maintain stable employment. The actual supports provided will depend upon the person's need; however, it is the Division's expectation that this service will primarily be used to provide on-the-job follow-along supports for people in competitive employment.

- *Group-Supported Employment* – This group service provides people with an on-site supervised work environment in a community integrated employment setting. Members are provided the opportunity to work in an environment that allows for maximum interaction with other co-workers or the community at large. Individuals 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 participants are engaged in paid work and work-related activities with little or no interaction with the general community. Individuals are supported in developing the skills, abilities and behaviors that will enable them to realize their vocational goals, including transition to a more integrated setting. The Qualified Vendor pays individuals in accordance with state and federal laws for the work the person performs.
- *Transition to Employment* – This service is a curriculum-based service that provides a Division member with individualized instruction, training and supports to promote skill development for integrated and competitive employment. In addition to employment-related skill development, the service may also assist a member in obtaining unpaid work exploration such as a volunteer job and job shadowing experiences.
- *Employment-Related Transportation Services* – This service provides or assists in obtaining various types of transportation for specific needs. This service provides non-emergency ground transportation that can be used, with prior approval, to transport an individual from home to/from their day program service or an employment-related service; all other forms of transportation must be considered prior to the Division authorizing this service.

VI. Provider Network

The Division provides most of its services through a statewide network of for-profit and non-profit agencies (Qualified Vendors) and independent providers.

The Division contracts with agencies and professional providers through the Qualified Vendor Application process. This is an electronic process that is open and continuous. This means the Division accepts applications at any time.

In order to support choice, individuals/families have a variety of providers from which to choose. Providers usually work for an agency, or in some instances, a member may select an independent provider if an agency provider is not available.

Independent providers receive training and must be certified prior to service provision. These independent providers are employees of the individual or family and are paid through a fiscal intermediary. The fiscal intermediary for the Division is Public Partnership Limited (PPL).

<u>Home and Community-Based Providers</u>	<u># of Contracts</u>
Agencies (Qualified Vendors)	581
Independent Providers	1,479

VII. Services for Infants and Toddlers and their Families

Children from birth to three years of age who have a developmental delay and who are eligible for services through Arizona Early Intervention Program (AzEIP), may also be eligible for services through the Division and/or the Arizona Schools for the Deaf and the Blind (ASDB), and ALTCS. The Division, which includes AzEIP, provides services designed to support parents and other caregivers to increase their child's engagement and participation in everyday routines and activities. An Individualized Family Service Plan (IFSP) is developed to enhance the child's development and the capacity of the family. AzEIP providers utilize teaming, coaching and natural learning opportunities to support families. Division funded services may include special instruction, therapies, service coordination, health services, or assistive technology devices. During the past year, AzEIP received 16,212 referrals and served a total of 10,640 eligible children. Of the children served: 5,711 were also eligible for DDD services, 283 were also eligible for ASDB services, and 4,646 were eligible only for AzEIP services. As of June 30, 2017, 3,306 DDD children are currently eligible for services through AzEIP.

VIII. Acute Care Health Plan Services

Arizona Long Term Care System (ALTCS) is unique in the nation in that it has always followed a managed-care model. A managed-care approach has proved 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 include a member-centered approach. The member, and family/significant others as appropriate, are the active participants in the planning for and the evaluation of services provided to them.

The Division currently holds contracts with three health plans to provide acute medical care services to ALTCS members served by the Division 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:

- United Health Care Community Plan
- Care 1st Health Plan
- Mercy Care Plan

The Division also collaborates with the American Indian Health Program (AIHP) for children and adults who are tribal members.

IX. Behavioral Health Services

Beginning July 1, 2016, the Division entered into an Interagency Service Agreement (ISA) with the Arizona Health Care Cost Containment System (AHCCCS). Through the ISA, AHCCCS assumed responsibility for the provision and oversight of all medically necessary covered behavioral health services to Division Medicaid and ALTCS-eligible members. The Division is required to coordinate care for members receiving behavioral health services from AHCCCS' subcontractors.

AHCCCS subcontracts with three Regional Behavioral Health Authorities (RBHAs) for designated service areas of the state: Health Choice Integrated Care, Mercy Maricopa Integrated Care, and Cienpatco Integrated Care and four Tribal Regional Behavioral Health Authorities (TRBHAs) that serve Arizona tribal members: Navajo Nation, Gila River, White Mountain Apache Tribe and Pascua Yaqui Tribe.

As part of its care coordination responsibilities the Division collaborates with the RBHAs, TRBHAs and Children's Rehabilitative Services (CRS) in the resolution of member complaints, barriers related to behavioral health service delivery, and identification of interventions to address the complex needs of members who require behavioral health services. These efforts are accomplished through ongoing and established care collaboration efforts such as Community Collaborative Care Teams, multidisciplinary member staffing's, Division and RBHA care collaboration meetings, monthly "rounds" calls with CRS on mutual members, High Need/High Cost program member staffing's, and ongoing technical assistance efforts for members mutually served by the Division and the public behavioral health system.

X. Other Division Activities that Support Arizona's Families

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

- The Division has some specialized support coordination units in areas of the state for children with developmental disabilities who are wards of the court in the Arizona Juvenile Court System and in the care of the Department of Child Safety. There are approximately 850 children served by both the Division and the Department of Child Safety. The two systems work collaboratively to ensure that the children receive the services for which they qualify. Joint training of case managers and Support Coordinators occurs to facilitate this relationship.

Additionally, the Division has a Memo of Understanding (MOU) with the DERS/VR to facilitate the referral of DDD Foster children between the ages of 14 and 18 to the VR Program. The MOU calls for two dedicated VR Counselors and increased collaboration between the Division and VR.

- The Division has a designated Tribal Liaison to work in conjunction with the DES Tribal Liaisons to facilitate effective working relationships with the 22 Arizona tribes. This

includes site visits to individual tribal nations, collaborative presentations and facilitating inquiries from both the Division and the tribes.

- The Division has a contract with Navajo Nation Division of Social Services to provide case management for Arizona Long Term Care Services members that are residing on the Navajo Nation. That includes a variety of home and community based services as well as residential services.
- The Division's Behavioral Health Administration continues to facilitate the AHCCCS High Need/High Cost (HNHC) program. This is done through the ongoing identification of members for the program. Program member's needs are staffed with the Division's subcontracted health plans, Regional Behavioral Health Authorities (RBHAs), subcontracted behavioral health providers, and Children's Rehabilitative Services (CRS) representatives. Bi-annual reports outline the interventions used with each member to improve their quality of life while decreasing high utilization in the areas of inpatient admissions and readmissions, emergency department visits, and the attendant high costs associated with these services.
- The Division's *This Is MY Life* contracts with Ability360 and DIRECT to provide curriculum development and training to assist individuals in learning self-determination and self-advocacy principles. Self-determination promotes learning all types of decision-making skills to apply in everyday life. Project objectives included focusing on abilities, developing a self-determination community, member-controlled provider contracts, member budget control, promoting programs that support inclusion, and improving operating efficiencies within DDD.
- The Division uses a Team-Based approach to support families receiving Early Intervention services for their children. In Team-Based Early Intervention, every family has a team that works together to enhance a child's learning and development within everyday activities. Ninety-four percent of families reported that early intervention services have helped them communicate more effectively over the past year with the people who work with their child and family. Ninety-three percent of families reported that early intervention services have helped them do more things with and for their child that are good for their child's development.
- The Division supports councils and family groups. Some of these include the Developmental Disabilities Advisory Council or DDAC (a Governor-appointed council that is advisory to the Assistant Director); FACT groups (Families Actively Communicating Together - a parent-driven group that provides support and learning opportunities); and specialized groups for Autism, Down Syndrome and groups for families who speak Spanish. These groups are located throughout the state.
- The Division held Listening Sessions throughout the State with Support Coordinators and members and families to hear perspectives on key areas of employment supports that are working, and what needs improvement in order to expand employment services. Support Coordinators were asked to make recommendations on the development of relevant and

practical employment related materials that would assist them when discussing employment with members and their families. The sessions with members and families provided insight into their experiences and the type of information that would be helpful when discussing and planning for their family member's employment goals.

- The Division's Employment Services Specialists participate in monthly meetings with the Arizona Employment First Partnership which promotes the development and support of employment opportunities for individuals with disabilities in the state. The Division helped negotiate and sign the Arizona Employment First Memorandum of Understanding (MOU). The MOU includes Key Directions contained in the Arizona Employment First Strategic Plan which supports the belief that community-based, integrated employment should be the primary day activity for working age youth and adults who have disabilities.
- Through the work of the Arizona Employment First Team, the Division collaborated with DERS/VR, Arizona Health Care Cost Containment System (AHCCCS), Arizona Education Department (ADE) and stakeholders, to create a Workforce Innovation and Opportunities Act (WIOA) guidance document that addresses issues and concerns that have been raised related to implementing the new law. The Division participated in quarterly leadership meetings with Arizona Employment First to collaborate on implementing WIOA. An interagency agreement related to the WIOA requirements for youths in transition was developed to strengthen relationships and identify accountability factors that would improve and stabilize the Arizona workforce.
- The Division's Employment Services Specialists participate in the monthly meetings of the Arizona Community of Practice on Transition (AZCoPt). The goal of the AZCoPt is to improve life-long outcomes for youth and young adults with disabilities. The AZCoPt created an Arizona Transition Slide Guide to assist families in planning for Post-Secondary Education and Training, Employment, Independent Living and Community Participation and Self-determination skills.
- Employment Specialists participated in local community events and high school Transition Fairs, career expos, provider fairs and other events to provide DDD Employment Services information and answer questions for families and others attending these events.
- The Division has a Policy Review Team (PRT) that meets monthly. The PRT is responsible for the annual policy review, policy approvals and policy clarifications. New policies or major policy revisions are shared with the Developmental Disabilities Advisory Council (DDAC) for input and further review.

The Division provides updates to policy via an *Opt In* list. Families, members and community stakeholders submit their contact information to the DDD Policy Unit so that they can receive email updates when there are changes to policy. There are currently over 306 individuals on the *Opt In* list.

- All 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, teaches 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.

- All 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 the critical components of respectful, appropriate active treatment and care.
- The Division's Office of Housing, Engagement, Resources and Opportunity (HERO) provides support to Human Rights Committees (HRCs) 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.
 - Make recommendations to DDD about proposed changes needed to protect the rights of members receiving services.
- The Division provides support to Program Review Committees (PRCs) across the state. These volunteer committees review proposed behavior plans to make sure the plan is properly written, includes positive strategies and does not violate individuals' rights.
- The Division's Quality Management System includes the Incident Management System (IMS) which is the automated system for incident reporting. The purpose of incident management is to assist in promoting the 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 each year for compliance with programmatic standards. The Unit also completes audits of the Direct Care Worker training programs across the state.
- The statewide Quality Management Committee prioritizes, monitors and coordinates all organization-wide quality/performance improvement activities in accordance with the Quality Management Plan. To provide the highest quality supports, monitoring activities include, but are not limited to, utilization review data analysis, member and provider satisfaction survey data review, quality of care concerns, performance improvement plans, and corrective action plans.

- Quality Management staff gathers information to support the Division's credentialing process of Qualified Vendors. Staff also coordinates the gathering of data, analysis and responses to Quality of Care concerns. The Division holds monthly meetings to analyze a variety of data to use in its Performance Improvement Plan. This plan includes a description of all planned activities/tasks for both clinical care and other covered services; targeted implementation and completion dates for measurable objectives and activities; methodologies to accomplish goals and objectives; and identifies staff responsible and accountable for meeting established goals and objectives. The Division is committed to its efforts to ensure compliance and quality staffing.
- The Division has implemented Welcome to DDD: An Orientation for Members and Responsible Parties. The in-person orientation is offered to a different District each month. The goal of the orientation is to provide families an overview of the Division, including increasing confidence when advocating for an eligible family member. Communication strategies are discussed, potential resources are reviewed, and members and families have the opportunity to have questions answered. Also included is the role of the Support Coordinator and the way families and Support Coordinators work together for the ISP.
- The Division, under the direction of the Office of Community Engagement, has begun presentations for those in the First Responder community. These overviews of the Division are intended to help First Responders understand approaches to working with individuals with developmental disabilities. The audience includes law enforcement, fire fighters, 911 dispatchers, hospital personnel and a variety of other first responders.
- The Division has reinstated the Medallion program. This program provides members safety and protection during emergencies by providing a 24-hour hotline number and unique case number. During an emergency, First Responders call the hotline and are given information to help members. The medallions are available as pendants, rubber wrist bands and shoe tags. These options make the medallion more accessible for members who may have sensory issues.
- Approximately 100 presentations have been provided to school districts across the state regarding services the Division provides to individuals with developmental disabilities. The presentations are for educators, transition specialists, psychologists, speech language pathologists and families of children with developmental disabilities. The goal in presenting to these groups is to make the public more aware of available services and to familiarize the community with the Division's Customer Service Center. This ensures members and families can obtain information on the questions that they have regarding services.
- Activities of the Office of Administrative Review, which oversees all of the Division's functions involving Notice of Actions, appeals and hearings, are also reviewed for trends and areas for improvement.

- The Division has established Performance Measures for care and service and must show demonstrable and sustained improvement toward meeting Performance Standards. Statistically significant improvement in measured rates is expected and decreases may result in corrective action plans, service corrective action plans, up to sanctions. These Performance Standards established by the Centers for Medicare and Medicaid Services (CMS) Core Sets and utilizing the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) technical specifications are national measured medical outcomes that support state and national quality comparisons. The Division is committed to ensure coordination of member needs across an ever expanding continuum of medical identified health risk factors to meet special health care needs.
- 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 individuals 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 DD system. Utilizing the NCI data, the Division’s Steering Committee and Management Team identify priority areas and develops and implements improvement strategies. Progress can then be evaluated on subsequent survey cycles. Currently, the Division conducts 500 Adult In-Person surveys and 1,400 Adult/Family surveys on “even” ending years and 2,800 Child/Family and Adult/Guardian surveys on “odd” ending years.
- The Division contracts with Raising Special Kids and Pilot Parents of Southern Arizona to provide peer counseling which provides self-help opportunities through education, training, information, encouragement and support to individuals, families and other caregivers. This service also communicates with professionals in fields such as education, healthcare, child protection and law enforcement to increase awareness and understanding of developmental disabilities.

XI. A Snapshot of 2017 Accomplishments

In an effort 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:

- In the annual report “The Case for Inclusion 2016”, compiled by United Cerebral Palsy (UCP), Arizona ranked first as the nation’s “Best Performing” state when it comes to key outcomes for citizens with developmental disabilities. Arizona has been ranked first eight

times since the annual survey started in 2006. The report tracks how well state Medicaid programs serve Americans with intellectual and developmental disabilities (ID/DD).

The UCP report also recognizes Arizona as ranking number one for keeping families together, where support services are provided to families who are caring for children with disabilities in the home, which keeps families together and people with a disability living in their communities.

- The Division utilized the Arizona Management System (AMS) to standardize and streamline the initial eligibility process. The eligibility units were centralized statewide. All five eligibility units report to Central Office resulting in consistency in eligibility processes and decision making.
- The Division is involved in many improvement efforts. A pilot project will begin at the Central Maricopa County Office (Cholla) prior to integrating these improvements into our overall system. The primary direct impact for members and families is the updating of our Individual Support Plan (ISP). The updates ensure the ISP process is person-centric, flows smoothly, and that all elements are valuable to the process. This further integrates members and families voices and direction into the overall planning process. Additionally, it ensures services being provided are the services needed and desired to meet the member's needs. The pilot also includes timeliness of services, overall workflow of Support Coordinators, and managing caseloads. The result is improved processes ensuring optimal service is provided to members. The goal is to implement the new process statewide by summer 2018.
- The Division implemented the AHCCCS Criminal Justice Reach-In Initiative, which is specific to ALTCS eligible members who met criteria for incarceration longer than a 30-day period. As part of the implementation of this initiative, the Division's Justice Liaison coordinates the efforts of the Division's community partners with internal staff. The combined efforts of the Division, AHCCCS, Criminal Justice partners, RBHA and Acute Care partners provide integrated care coordination of our incarcerated population.
- The Augmentative Alternative Communication (AAC) Unit has updated the AAC Evaluation Referral Packet and process. Support Coordinators no longer complete the AAC Referral Packets. Speech-Language Pathologists are responsible for completing the packets for the members. AAC evaluators are now responsible for the AAC training with the member and anyone else the family/guardian would like to have trained on use of the AAC device. These changes have streamlined the process to ensure members are receiving their evaluations and devices as quickly as possible. The AAC Unit has the ability to track and record metrics to determine how quickly members are receiving their AAC devices and services. This ensures that the Unit is able to pinpoint areas and processes that may need continuous improvement. The AAC Unit has more effective and increased communication with stakeholders, both internally and externally to ensure member satisfaction.

- The Home Modifications Unit received 388 requests for assessments to identify members' needs in order to achieve greater independence in the home and thereby improve their quality of life. Based on medical necessity, over 200 home modifications were completed that could not be met through the use of durable medical equipment. Specifically, the Home Modification Unit was able to serve the most vulnerable citizens of Arizona by assisting with the placement of 133 ramps for access into the home, 161 bathroom modifications to assist with hygiene and toileting, 1,221 door modifications for improving accessibility in the home, and 126 other types of modifications that helped increase the members' independence in their homes. The Home Modification Unit also monitored the projects to assist with any member or family concerns.
- The DES website, including the Division's web pages, provides a significant resource for the community. This past year, the DES website has been gradually redesigned to be more user-friendly. As a result, the Division's resources for individuals and families as well as providers have become easier to access and locate. Included on the website are links to important publications such as *Navigating the System* (a handbook for individuals and families), the *DDD Member Update Newsletter*, and the *ALTCS Member Handbook*. Other examples include frequently asked questions, eligibility referral and a provider search. On the "Help for Providers" page, the most current Rate Book is available, the Provider Manual, billing information, Qualified Vendor announcements, and many other resources to support providers.
- Through a Section 811 Project Rental Assistance program (PRA) grant, the Division is working with the Arizona Department of Housing (ADOH) and the Arizona Health Care Cost Containment System (AHCCCS). The Section 811 PRA program enables individuals with disabilities who are income-eligible to live in integrated, affordable housing.

In a joint project with the Housing Authority of Maricopa County, the Division was allotted 27 renovated apartments as part of affordable housing opportunities. The Division provided tools and resources to Support Coordination staff and began development on this project.

- The Division's Qualified Vendor Agreement Contract Unit provided two seminars called "Contracting with the Department of Economic Security's Division of Developmental Disabilities. Average attendance at the seminars was 88 applicants per seminar.
- The Division's Behavioral Health Administration, as part of the Division's five year Strategic Plan, compiled a growing list of resources from which parents, caregivers, and members can receive valuable information and resources regarding the use of Positive Behavior Support (PBS). These resources include various training activities specific to developing the skills that are beneficial in working successfully with individuals with developmental disabilities, regardless of the individual's specific diagnosis. These resources were made available to the public and are posted on the Division's website.

- As part of the Division’s continuing education efforts on the public behavioral health system for the members and families it serves, the June 2017 newsletter contained a section on Behavioral Health Services and provided contact information for each of the RBHAs and CRS as identified by the counties they serve. For members and families who may experience a behavioral health crisis, information on crisis service providers throughout the state was listed for easy reference.
- The Division and Mercy Maricopa Integrated Care (MMIC) engaged in a collaborative initiative in the spring of 2017 to transform the Community Collaborative Care Team (CCCT) process as outlined in AHCCCS Policy 570 into a program that serves dually-enrolled members with the Division and MMIC. Clinical management leadership from both agencies identified 16 members for review through this program due to the complexity of their needs and who demonstrate behaviors that have been unresponsive to traditional services. The identified members were staffed by clinical management leadership from the Division, MMIC and the assigned behavioral health provider agencies using a process that included a universal and comprehensive presentation of updated member information inclusive of:
 - Diagnosis, assessment, and behavioral health/medical medications.
 - Residential, vocational, educational and treatment settings and supports, as well as natural family and community supports.
 - Authorized services provided by behavioral health and long term care.
 - Barriers to treatment.
 - Person-centered questions and concerns.
 - Primary goals of care.
 - Information on CCCT outcomes and measures.
- The Division’s Behavioral Health Administration in conjunction with the Office of Professional Development Training and Curriculum Developers, engaged in a project to revise the behavioral health training provided to Division staff. The course goal is to fulfill behavioral health care coordination job functions in accordance with AHCCCS Policy and Contract requirements. This one-day mandatory training for all Division Support Coordination employees, as well as District Behavioral Health Specialists and District Network Managers, includes course content that covers the roles and responsibilities for supporting Division members who have behavioral health needs, the behavioral health referral process, monitoring requirements, and ongoing collaboration and communication processes with the behavioral health system. Four pilot training sessions were conducted in June 2017 and the curriculum is being revised based on the feedback received.
- The Division’s Employment Specialists collaborated with the Office of Professional Development Training and Curriculum Developers to create a computer-based training that Support Coordinators are required to take every two years to refresh and expand their employment knowledge base and skills in order to continue to support members on the path to employment.

- Employment Specialists conducted two Provider meetings in each District to provide updated information regarding employment related policy and procedure to ensure compliance, and to answer questions and provide technical assistance as needed.
- The initial eligibility process was updated to include an electronic referral and application process, a reduction in the number of documents used in the process, and the creation of data collection and tracking systems. Efforts resulted in reducing the time it took to make eligibility decisions from 60 days to 30 days.
- The Division partnered with ALTCS to reduce duplicative work by both agencies and streamline the eligibility process. A new ALTCS referral form and process was created. The Division now receives the ALTCS referral along with the DDD application and medical and educational records. This has allowed the Division to reduce the time it takes to make ALTCS eligibility decisions from 30 days to an average of 15 days.
- The Division is currently piloting the redetermination of eligibility process in District East. This effort is using AMS principles to improve communication with families and reduce the time it takes the Division to make redeterminations of eligibility.
- ALTCS and the Division's Eligibility Units initiated the first annual cross training of 129 staff. Those trained included DDD eligibility staff, DDD Eligibility Supervisors, ALTCS Medical Preadmission Screening (PAS) Assessors and ALTCS Supervisors. Each group learned the eligibility requirements and process of each agency to better collaborate in the eligibility process of mutual applicants.
- The Division's Customer Service Center established a logo and consolidated 16 toll-free numbers into one. This change makes communicating with the Division easier for members, families, providers, stakeholders and the community.
- The Division's Customer Service Center began using the CISCO Finesse System to improve customer service. The system helps to route calls to the correct unit or available person. This saves callers from having to be transferred repeatedly and having to call multiple numbers. The system also is used for reporting and identifying areas that need improvement. All this is done to continually improve the Division's customer service.
- The Division, along with its community partners, sponsored the Thirteenth Annual Direct Support Professionals Recognition event on Friday, September 16, 2016, at the Ability360 Center. These outstanding individuals were honored for their superior service in working with individuals with developmental disabilities. There were twelve awardees which included ten Direct Support Professionals and two Direct Support Supervisors.
- The Division completed its first year of the five year Strategic Plan. Each of the four Goals are making strides towards 100% completion: Goal Opportunities: 53%, Goal Value: 49%, Goal Communication: 22%, Goal Environment: 40%. Some highlights from this year are:

Opportunities:

- The Division has created a monthly reporting template for the purpose of obtaining standardized quantitative data to measure members' progress based upon the implementation of Habilitation services that utilize Positive Behavioral Intervention and Supports (PBIS) principles and practices.
- The Division has developed a Workforce Innovation and Opportunity Act (WIOA) Desk Aide for Support Coordination to use to help DDD members find summer employment. Along with this Desk Aide we also have an AHCCCS approved WIOA easy read flyer.
- The Division is currently holding quarterly Provider meetings to continually identify opportunities for improved partnerships with current providers, and to identify new providers and services.

Value:

- The Division has created a standard reporting format for Habilitation services which includes a statewide progress report and teaching strategy document to assist individuals and their families, to evaluate progress, and to fully participate in review and revision of ISP goals.

Communication:

- The Division's website has been gradually redesigned to be more user-friendly and to include resources for individuals and families as well as providers that are easily accessible.

Environment:

- The Division is having support coordinators planning meetings every 90 days and the annual ISP after the Focus set in stone date.

XII. Conclusion

The Division is making a cultural shift to embrace the principles of the Arizona Management System (AMS). The Division is already seeing the benefits of using the results-driven management system which is focused on delivering customer value and vital mission outcomes. Huddles, Huddle Boards, Leader Standard Work and metrics have been incorporated into the culture. Staff are working closely with the DES Office of Continuous Improvement and the Division's Office of Strategic Development to implement the principles of the AMS on a statewide level.

The Division is proud of its work being nationally recognized as the #1 best performing state in the United Cerebral Palsy (UCP) Case for Inclusion 2016. While this is the eighth time being #1 since 2006, the Division is committed to continue to lead the nation in innovative practices for individuals with disabilities. Every member of the Division is focusing each day on empowering Arizonans with developmental disabilities and their families, to lead self-directed, healthy, and meaningful lives.