

## **SECTION 4 BACKGROUND**

### **4.1 Division of Developmental Disabilities Service Philosophy and Background**

Within the Department of Economic Security (“DES” or “Department”), the Division of Developmental Disabilities (“DDD” or “Division”) is responsible for providing community developmental services and supports to over 33,000 Arizonans with developmental disabilities. Of this number, the Division provides only acute care or case management services to 8,000 Arizonans with developmental disabilities. In carrying out this responsibility, the Division strives:

“To support the choices of individuals with disabilities and their families by promoting and providing within communities, flexible, quality, consumer-driven services and supports.”

The Division is guided by the belief that:

“Individuals with developmental disabilities are valued members of their communities and are involved and participating based on their own choices.”

This results in the Division supporting service provision which promotes:

- Healthy relationships with people;
- Individual and family priorities and choices;
- Equal access to quality services and supports for all individuals and families;
- Partnerships and ongoing communication with individuals, family members, advocates, providers, and community members;
- Developmental approaches – changing conditions that affect people rather than changing people who are affected by conditions;
- Individual freedom from abuse, neglect and exploitation with a balance between the right to make choices and experience life and individual safety;
- A diverse workforce that is motivated, skilled and knowledgeable of and uses the most effective practices known;
- An environment rich in diversity in which each person is respected and has the opportunity to reach their optimal potential;
- An individual’s right to choose to participate in and contribute to all aspects of home and community life;
- A system of services and supports which are -
  - Responsive: Timely and flexible responses to internal and external customers;
  - Strength based: Recognizing people’s strengths, promoting self-reliance, enhancing confidence and building on community assets;
  - Effective: Ongoing identification of effective methods and practices and incorporation of those practices into operations; and
  - Accountable: To our customers and to the taxpayers.

## **4.2 Program Eligibility**

To be eligible for services a person must be an Arizona resident who has a chronic disability that:

- Is attributable to cognitive disability, cerebral palsy, epilepsy or autism;
- Was manifested before the age of 18;
- Is likely to continue indefinitely; and
- Reflects the need for a combination and sequence of individually planned or coordinated special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration.

The disability also must result in substantial functional limitations in three or more of the following areas of major life activity:

- Self-care
- Receptive and expressive language
- Learning
- Mobility
- Self-direction
- Capacity for independent living
- Economic self-sufficiency

Children under the age of six (6) years may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled but for whom no formal diagnosis has been made.

Individuals who are determined eligible for services through the Division may also be eligible for services through the Arizona Long Term Care System (“ALTCS”) program administered by the Arizona Health Care Cost Containment System Administration (“AHCCCSA”). Individuals who may be eligible for ALTCS are referred to AHCCCSA for ALTCS eligibility determination. [See Arizona Revised Statutes (“A.R.S.”) § 36-559 and Arizona Administrative Code (“A.A.C.”) Title 6, Chapter 6, Articles 3, 4 and 5 for a more detailed description of the eligibility determination process.]

## **4.3 Program Description**

In State Fiscal Year 2013, the Division provided services to over 36,400 members. The Division provided services through the RFQVA process to about 27,107 members, of whom approximately 26,820 were eligible for ALTCS (see Section 9, Attachment K, Utilization Data for Fiscal Year 2012).

#### **4.4 Historically, How Is Arizona Doing?**

While striving to continuously strengthen the outcomes of our total system of services to members with developmental disabilities, the Division is informed by a number of indicators.

##### **Direct Care Workers**

In March 2004, former Arizona Governor Napolitano issued an Executive Order for state agencies to plan for "Aging 2020". She created the Citizens Work Group on the Long-Term Care Workforce to study issues surrounding Arizona's direct care workforce. In April 2005, the recommendations of this workgroup were published in the report, "*Will Anyone Care? Leading the Paradigm Shift in Developing Arizona's Direct Care Workforce*". The report contained ten (10) recommendations, including one addressing the state's responsibility for regulating oversight of direct care workers and developing a standardized, uniform and universal training curriculum.

AHCCCS was identified as the lead state agency to implement standardized Direct Care Training Guidelines and Competency Testing. Initial implementation of the training began on January 1, 2011 with full implementation targeted for January 30, 2012. AHCCCS has incorporated this training requirement into its contracts for ALTCS programs, including the Department. As such, the Department must include the new requirement in policy and contracts starting January 1, 2011. Additional information regarding the Direct Care Workforce Initiative is available at <http://www.azdirectcare.org>.

##### **Stakeholder Input**

Numerous public forums are held with stakeholders to obtain input into service planning and rate setting activities. Input from the forums is provided to Division management to incorporate into the Division's business operations, including the solicitation documents and rate setting processes.

##### **The United Cerebral Palsy Annual Report "Case for Inclusion"**

This report evaluates state performance in "improving lives for individuals with intellectual and developmental disabilities". In the 2008 report, Arizona was ranked first among all states. The 2009 report showed Arizona was ranked second nationally; however, the 2010 report ranked Arizona as number one overall "in serving individuals with intellection and developmental disabilities". A copy of the 2010 report can be found at the following website: [http://www.disabilitycoop.com/reports/100413\\_Case\\_for\\_Inclusion.pdf](http://www.disabilitycoop.com/reports/100413_Case_for_Inclusion.pdf)

##### **The National Core Indicator Project (CIP)**

In December 1996, the National Association of State Directors of Developmental Disability Services ("NASDDDS") Board of Directors launched the Core Indicators Project ("CIP"). The aim of CIP was to support state developmental disabilities authorities ("SDDAs") in developing and implementing performance/outcome indicators and related data collection strategies that would enable them to measure service delivery system performance. This effort, now called National Core Indicators or NCI, strives to provide SDDAs with sound tools in support of their efforts to improve system performance and thereby to better serve people with developmental

disabilities and their families. The Association’s active sponsorship of NCI facilitates states pooling their knowledge, expertise and resources in this endeavor.

Twelve states (AZ, CT, KY, MA, MN, NE, NC, PA, RI, VA, VT, and WA) participated in Phase II. Four additional states joined during the following year (DE, IA, MT, UT), and seven states joined in 2001 (AL, HI, IL, IN, OK, WV, WY). Virginia, Nebraska, Iowa, Minnesota, Montana, and Utah are currently on hiatus. South Dakota, South Carolina, and Maine signed on in 2002. Arkansas, Georgia, New Mexico, and Texas joined in 2005. Over the next two years, New Jersey, Louisiana and New York joined and Missouri rejoined. Since last year’s report, Ohio and New Hampshire have joined and Illinois has rejoined thus bringing the total to 30 (thirty) participating states plus Orange County, CA. State participation in NCI is entirely voluntary.”<sup>1</sup>

Of the participating states, the NCI ranks Arizona as number three in the area of community inclusion, a ranking that is considered as significantly above average (see Table 1 and Figure 1).

**Table 1. Community Inclusion Scale Scores by State, Compared to the Other NCI States**

	<b>N</b>	<b>State Scale Score</b>	<b>Average Score Across All Other States</b>
<b>Significantly Above Average</b>			
<b>VT</b>	158	0.729	0.694
<b>AR</b>	372	0.723	0.693
<b>AZ</b>	342	0.718	0.693
<b>IN</b>	265	0.712	0.694
<b>GA</b>	321	0.711	0.694
<b>AL</b>	388	0.704	0.694
<b>SC</b>	361	0.704	0.694
<b>PA</b>	934	0.703	0.693
<b>Within the Average Range</b>			
<b>WV</b>	126	0.702	0.694
<b>MO</b>	368	0.700	0.694
<b>WY</b>	311	0.699	0.694
<b>NC</b>	678	0.696	0.694
<b>RI</b>	238	0.696	0.694
<b>NJ</b>	288	0.696	0.694
<b>LA</b>	325	0.694	0.694
<b>KY</b>	378	0.692	0.694

<sup>1</sup> *DRAFT* 2007-08 Final Report, “A Collaboration of the National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute”.

<b>OK</b>	389	0.690	0.694
<b>HI</b>	405	0.690	0.695
<b>CT</b>	340	0.689	0.694
<b>Significantly Below Average</b>			
<b>NY</b>	374	0.686	0.695
<b>NM</b>	378	0.681	0.695
<b>DE</b>	204	0.680	0.695
<b>TX</b>	1443	0.667	0.699

**Figure 1. Community Inclusion: State Scale Scores Compared with the Other NCI States**

