



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



**Division of
Developmental
Disabilities**

**2022
Family Support
Annual Report**



**July 1, 2021
to
June 30, 2022**

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Our Mission:

The Arizona Department of Economic Security 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 ADES 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:

The Division of Developmental Disabilities empowers individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives.

I. Introduction

In 1993, Family Support legislation (currently Arizona Revised Statutes § 36-596.52) was passed which created and defined a family support program for Arizonans with developmental disabilities and their families, subject to funding appropriations. This legislation was developed in partnership with families, advocacy organizations, service providers, and the Arizona Department of Economic Security (ADES/Department) Division of Developmental Disabilities (DDD/Division), who all recognized the importance of family support in achieving the Division's mission. DDD integrates the tenets of this legislation into all of 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 DDD 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 are receiving residential services;
- 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
- Reduce the need for residential services.

II. Overview of the Division of Developmental Disabilities

As of June 30, 2022, DDD provides services and programs to 48,085 Arizonans with developmental disabilities. DDD believes its members can best be supported in integrated community settings and tailors its services to meet the needs of members and their families.

DDD 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 geographic DDD districts within the state. They include District Central, District East, District North, District South, and District West for members over the age of three. There is one statewide district for children ages birth to three years, who are eligible for the Arizona Early Intervention Program (AzEIP). While some services are delivered directly by the state, most services and support are delivered through a network of individual providers and Qualified Vendor agencies 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; and
3. Have at least one of four diagnoses, manifested before the age of 18 that is likely to continue indefinitely:
 - a. **Autism Spectrum Disorder** - A condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate,

understand, learn and participate in social relationships.

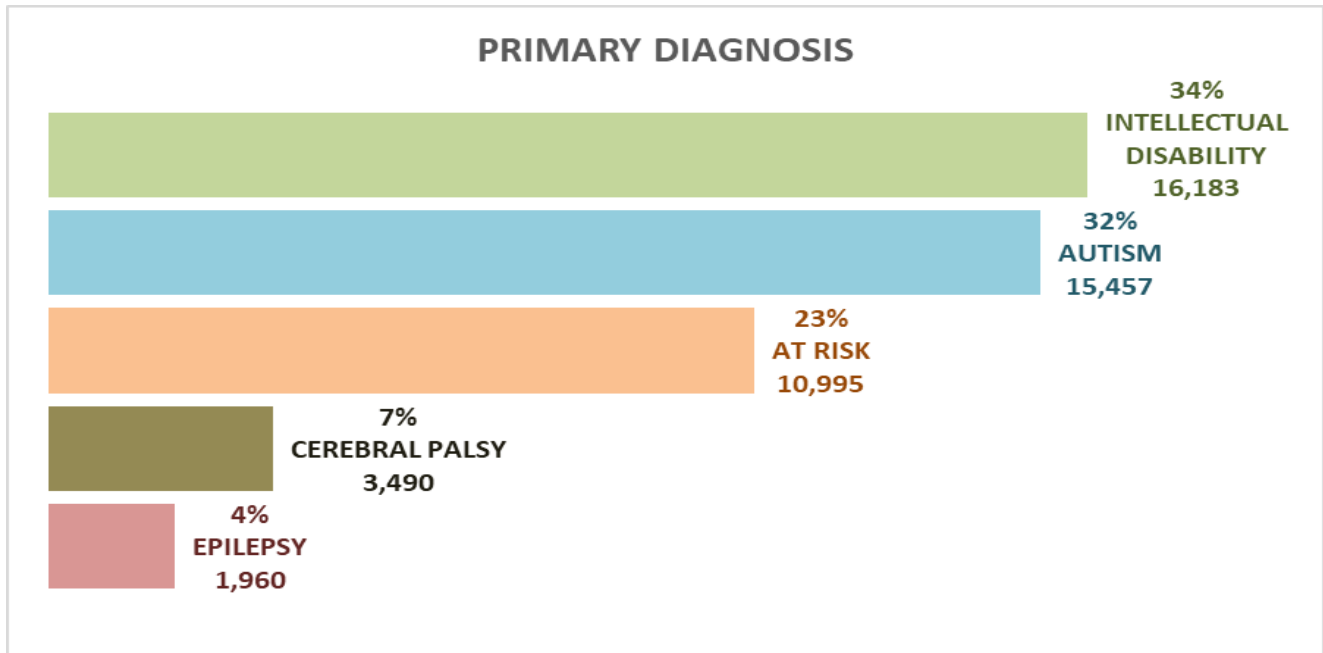
- b. **Cerebral Palsy** - A permanently disabling condition resulting from damage to the developing brain that may occur before, after or during birth and that results in loss or impairment of control over voluntary muscles.
 - c. **Epilepsy** - A neurological condition characterized by abnormal electrical-chemical discharge in the brain. This discharge is manifested in various forms of physical activities called seizures.
 - d. **Intellectual (Cognitive) Disability** - A condition that involves subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior manifested before the age of 18.
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:** Need significant 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.

Children ages three to six may be eligible for services through DDD if they have one or more of the following developmental disabilities:

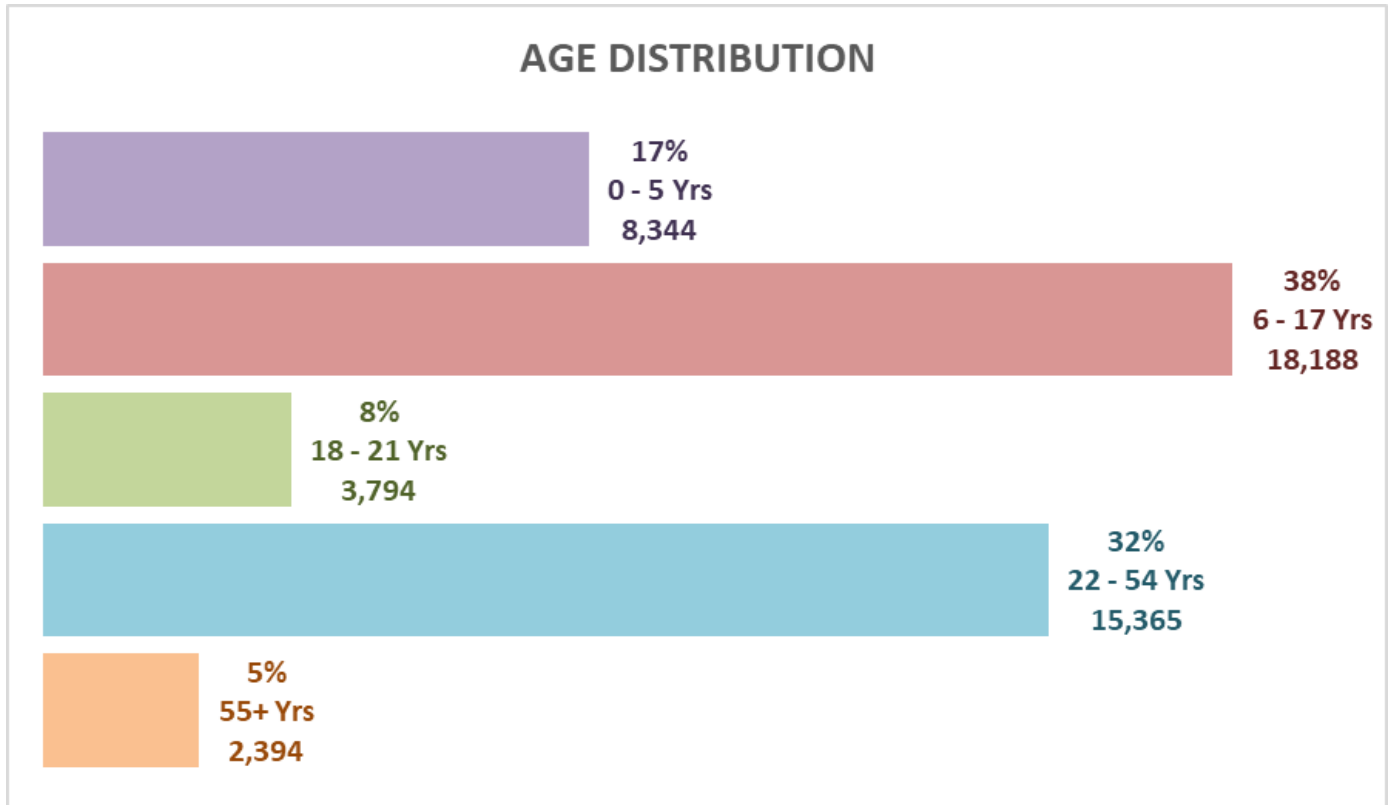
- Autism Spectrum Disorder;
- Cerebral Palsy;
- Intellectual (Cognitive) Disability;
- Epilepsy; and
- Be at-risk for developing one of the (above) disabilities.

For early intervention services eligibility, children age birth to three 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, 2022:



DDD supports people of all ages. The following chart shows the breakdown of eligible members by age as of June 30, 2022:



DDD provides services through two primary funding sources:

- State general funds
- Medicaid

DDD provides services to three eligibility categories or populations:

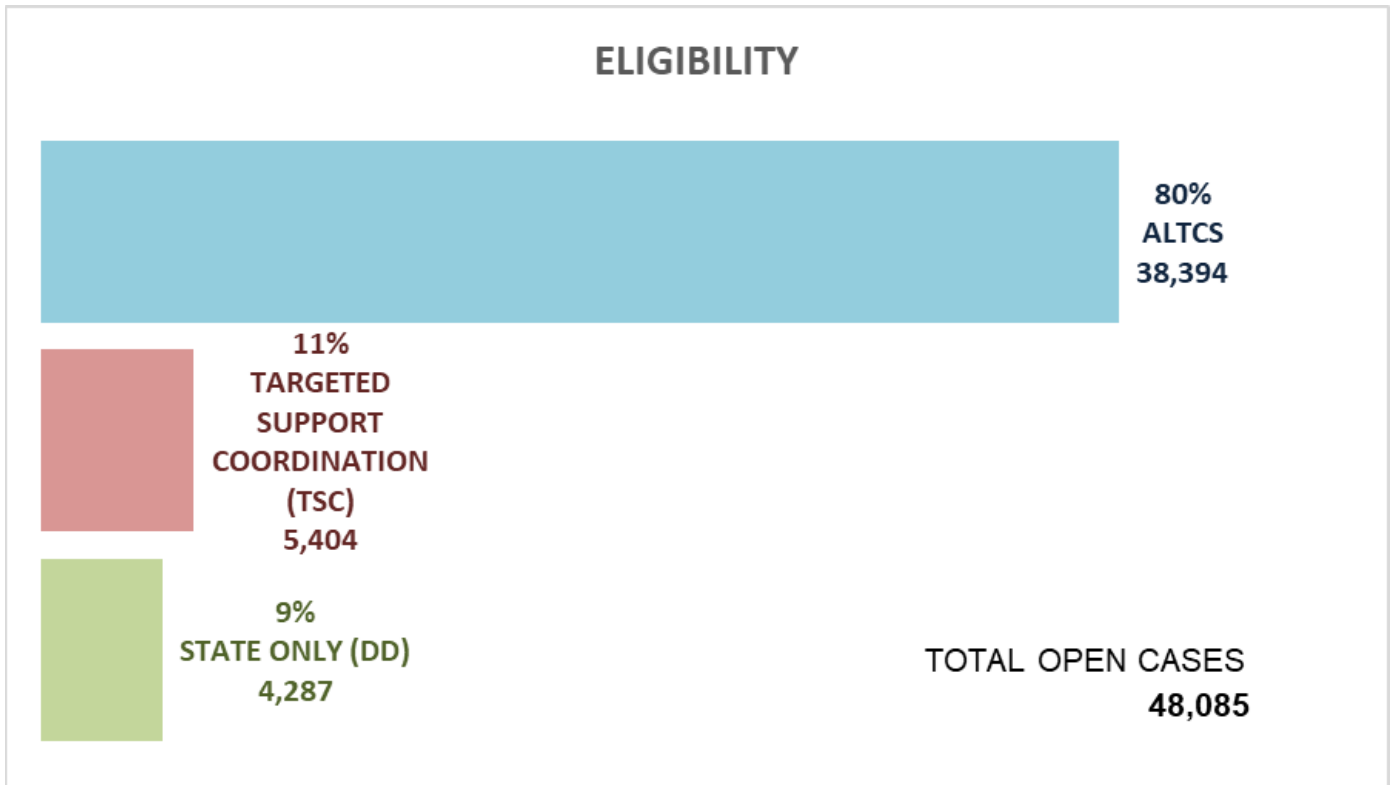
1. State-only funded members
2. Targeted Support Coordination (TSC) members
3. Arizona Long Term Care System (ALTCS) members

Individuals who meet DDD's eligibility criteria, receive state-funded services and are not to exceed DDD's legislative budget allowance. Children under the age of three receive state-funded services outlined through the Individuals with Disabilities Education Act (IDEA) Part C requirements.

TSC is a designation by the Arizona Health Care Cost Containment System (AHCCCS) for people who qualify for services through DDD and are eligible for Medicaid acute care through AHCCCS but are not eligible for ALTCS. AHCCCS is the Medicaid agency for Arizona. This program allows the member/responsible person to determine the frequency and type of contact he/she wants from their DDD Support Coordinator (case manager). The TSC Program provides support to a member by helping identify community resources and coordinating acute care services provided by Medicaid. These members may also receive state-funded services not to exceed DDD's legislative budget appropriation. For persons aged 20 and under, Early and Periodic Screening, Diagnostic, and Treatment services are covered.

Individuals with developmental disabilities who qualify for services through DDD may also be eligible for services through ALTCS. ALTCS provides physical health services, behavioral health services, and Long Term Services and Supports (LTSS) to individuals with developmental disabilities who are at risk of institutionalization. AHCCCS staff determine eligibility for ALTCS through a review of the person's functional needs and financial eligibility. In Arizona, the Medicaid Program operates under a [1115 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 (HCBS) and a managed care approach are more cost-effective than placing members in institutions. Long-term care, behavioral health, and physical health services are bundled to improve care coordination and enhance service delivery under a single system managed by DDD.

The following chart shows the breakdown of eligible members by funding source as of June 30, 2022:



DDD provides most of its services through a statewide network of for-profit and not-for-profit agencies (Qualified Vendors), independent providers, and specialty contractors. Services are based on a member's assessed needs, state and/or federal guidelines, and funding availability.

III. Services and Supports

What is the role of the Support Coordinator?

A Support Coordinator may have many roles. The main role is to listen to the needs, goals, and vision of the DDD member and family in order to develop a Person-Centered Service Plan (PCSP). Other roles are listed below:

1. Planning and Coordination
 - a. Identifies services based on assessed need;
 - b. Develops the PCSP;
 - c. Makes sure members and families know the steps to report when services are not available or if there are problems;
 - d. Coordinates physical health, behavioral health, Children's Rehabilitative Services (CRS), and LTSS; and
 - e. Reviews the member's needs and updates the PCSP as necessary.
2. Brokering of Services
 - a. Identifies community resources for members and families;
 - b. Helps make sure the approved funded services are in place; and

- c. Offers options when the approved services are not available.
3. Facilitation/Advocacy
4. Monitors services
5. Assesses, determines and approves cost-effective services

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. The DDD Health Plan provides the device and training for the device;*
- **Attendant Care:** Help with personal care, general supervision for a member who cannot be safely left alone, and housekeeping. This service provides assistance for a member to remain in their home and participate in community activities by attaining or maintaining personal cleanliness, activities of daily living, and safe and sanitary living conditions;*
- **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 and Periodic Screening, Diagnostic and Treatment:** Is a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for AHCCCS members under the age of 21;
- **Employment Services:** Individual Supported Employment, Employment Support Aide, Group Supported Employment, Transition to Employment, Career Preparation and Readiness, Center Based Employment 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. These modifications may also help the caregiver in completing activities of daily living for the member. The modifications support the member in living with more independence and thereby improving his or her quality of life;*
- **Habilitation:** Services are designed to assist Division members in acquiring, retaining and improving the self help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. The services include the provision of training in independent living skills or special developmental skills, orientation and mobility training, sensorimotor development, and behavioral management.*
- **Health Plan Services:** Physical Health services, Behavioral Health services, Children's Rehabilitative Services (CRS) and limited LTSS. CRS is a designation given by AHCCCS to certain members who have qualifying health conditions. Members with a CRS designation can receive the same AHCCCS covered services as non-CRS AHCCCS members and are able to receive care in the community, or in clinics called Multispecialty

Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one location. The DDD Health Plan assists a member with a CRS designation

with closer care coordination and monitoring to make sure their special healthcare needs are met. All LTSS are provided by DDD contracted Qualified Vendors and specialty contractors except nursing facilities, emergency alert system services and habilitative physical therapy for members aged 21 and over. These three LTSS are provided by the member's DDD Health Plan;

- **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 that may include patient care, coordination facilitation, and education;*
- **Hospice:** Provides palliative and support care for members who are terminally ill members and their family members and/or caregivers for the physical, psychosocial, spiritual, and emotional needs as delineated in a specific patient plan of care;
- **Licensed Health Aide:** Provides limited skilled interventions, health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the member's place of residence or in the community;*
- **Residential Service Options:** (see Section IV);*
- **Therapies:** Occupational, Physical and Speech;*
- **Transportation:** Provides or assists in obtaining various types of transportation for specific 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 Service Options

DDD 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 with the support they need in their communities. Members may receive support to live in the family home or to live in one's own home or apartment. Other members may live in an adult developmental or child developmental home or reside in a group home. When residential services are needed, the following options may be considered:

- **Individually Designed Living Arrangement (IDLAs):** These are homes rented or owned by members in the community. IDLAs provide teaching support and personal care for members. This type of setting may also be called "Supported Living".
- **Adult Developmental Home:** A licensed, private home contracted with DDD 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

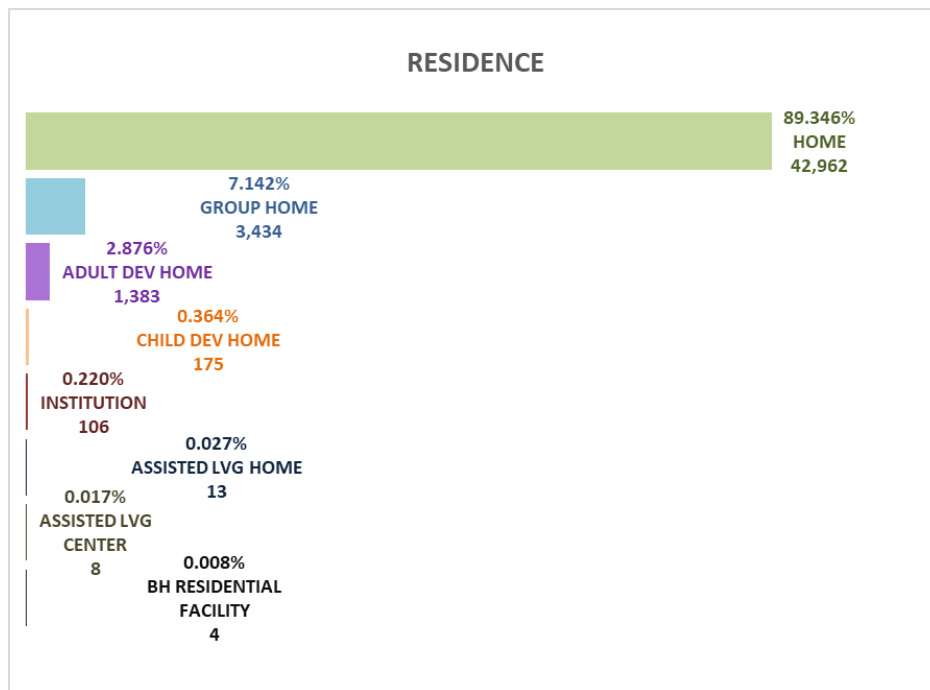
supervision, teaching (habilitation), and room and board for a group of siblings or up to three children with developmental disabilities.

- **Group Home:** A licensed residential setting in the community for up to six people with developmental disabilities that provides supervision, teaching (habilitation), and room and board. The group home provides a safe and home-like atmosphere and meets the needs of the members.
- **Group Home (Nursing Supported):** Similar to licensed group homes, members living in nursing supported group homes must be assessed to receive skilled nursing assistance as part of their DDD Person-Centered Service Plan. Nursing support is scheduled in this group home on a 24/7 basis.

Rarely does a member need a more intensive residential service option. For members with that service need, the following facilities may be used:

- **Assisted Living Centers:** The facility provides 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 (ADHS):
 - “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 members 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. It also includes the coordination or provision of intermittent nursing services and the administration of medication and treatments by a licensed nurse.
- **Assisted Living Homes:** This service is similar to Assisted Living Centers. However, this type of assisted living 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 members who need nursing services on a 24-hour basis but who do not require hospital care under the daily direction of a physician. This service is delivered by the DDD Health Plans.
- **Intermediate Care Facility for Individuals with Intellectual Disabilities:** This facility offers health, habilitative, and rehabilitative services to members who need them on a constant basis and who would benefit from active treatment services.

The following chart shows the breakdown of eligible members by residence as of June 30, 2022:



V. Employment Services

In November 2017, based on the Governor’s Executive Order 2017-08 declaring Arizona an Employment First State, DDD 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 Arizonans with disabilities. In furtherance of this directive, DDD and the ADES Division of Employment and Rehabilitation Services, Rehabilitative Services Administration, Vocational Rehabilitation (VR) have continued their collaborative efforts to support DDD members in preparing for and obtaining Competitive Integrated Employment.

Employment Services Team

DDD’s Employment Services Team includes seven Employment Service Specialists and a manager who are subject matter experts on the seven employment services offered by DDD. The Employment Service Specialists provide technical assistance to members, their families, caregivers, Support Coordinators, Qualified Vendors, school districts, and community stakeholders. The Employment Services Team participates in local Communities of Practice on

Transition, which are groups that meet to collaborate, develop, and coordinate transition services, professional development, and resources related to improving the transition experience for youth who have disabilities. Presentations on DDD Employment Services are made to the Special Education Units of school districts and community groups as requested. Three of these services: Group Supported Employment, Individual Supported Employment, and Employment Support Aid are provided in the community and offer members job training and support needed to achieve or maintain successful employment.

There are 1,640 ALTCS eligible members* between the ages of 16 and 65 in integrated employment in the community as of June 30, 2022:

Group Supported Employment	1466
Individual Supported Employment	64
Employment Support Aid	110

*Members may be receiving more than one employment service.

DDD offers the following Employment Services:

- **Individual Supported Employment:** This service provides job coaching and/or job search services for eligible DDD members. Job coaching is a time-limited service that provides regular contact with the employed member and their employer. It is intended to help the member develop specific on-the-job skills needed for successful employment. Job search includes helping to match the member with a competitive-integrated job. Job search and job coaching may be provided by DDD when the service is not available through VR.
- **Employment Support Aide:** This service provides members with the one-to-one support needed to maintain their employment. The services provided will depend on the member’s needs. It is DDD’s expectation that this service will be used primarily 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, such as job coaching
- **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 or employer 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. The goal is to improve skills, abilities and behaviors of members and encourage them to achieve their vocational outcomes. 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 DDD authorizing this service which provides non-emergency ground transportation that can be used, with prior approval, to transport a member:
 - From home
 - To/from an employment-related service

Proposed Revisions to Employment Services

DDD, with the assistance of consultants, developed revisions to DDD Employment Services to improve employment opportunities for members. This includes a proposed new service, Pathways to Employment, for members to explore their career interests and abilities, and to develop an employment plan. This service will focus on developing skills, abilities, and behaviors to help members realize their employment goals. Opportunities will be provided to explore interests and aptitudes for work and to experiment with different job types. In addition to the proposed new service, changes have been recommended for other employment services, including removing the time restriction for Individual Supported Employment. This will empower the member and team to determine how long the service is necessary. The proposed revisions were posted for public comment and closed on August 27, 2021. DDD intends to post the final contract document, including the new service Pathways to Employment in late 2022, and will begin contracting for the new service in 2023.

Collaboration with Rehabilitation Services Administration/Vocational Rehabilitation

DDD and VR have continued their collaborative efforts to support DDD members in preparing for and obtaining Competitive Integrated Employment.

DDD and VR developed a joint presentation to foster better understanding and collaboration between Agency staff on a local level. Collaborative meetings between the staff of both programs are being held throughout the state.

DDD and VR collaborate with the Department of Child Safety (DCS) to discuss best practices for coordinating services for DDD members in the foster care system.

The Division's Employment Services Unit partnered with the Program Monitoring Unit to prepare and educate approximately 100 Qualified Vendors on HCBS setting rules and provided technical assistance on provider capacity building and development that impacts settings' compliance.

DDD and VR partnered with the University of Arizona Sonoran University Center for Excellence in Developmental Disabilities in Supported Employment Train-the-Trainer training to further advance members participating in Competitive Integrated Employment.

During the Fiscal Year (FY) July 1, 2021 to June 30, 2022, the following number of members were referred, made eligible, and became competitively employed:

- DDD members referred to VR: 505;
- DDD members made eligible for VR services: 169;
- DDD members who obtained Competitive Integrated Employment: 72;
- Average Hours worked by DDD members in Competitive Integrated Employment: 22.6 hours per week; and
- Average hourly wage of DDD members in Competitive Integrated Employment: \$13.15 per hour.

The Division developed a desk aide for Support Coordinators to provide technical assistance regarding employment. The desk aide is structured to identify barriers, provide suggested responses, and link the person to Division supports that could address the identified barriers.

VI. Provider Network Business Operations

To support choice, members and families have a variety of provider agencies to choose from. DDD provides HCBS 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 who have received training and have been certified prior to providing services.

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

Direct Care Providers typically work for an agency. On occasion, when a Qualified Vendor is not identified, the Division may go out of network or choose to use an existing Independent Provider if available; however, effective December 1, 2015, the Division stopped accepting new (initial) applications for Independent Providers.

Home and Community-Based Providers	# of Contracts
Agencies (Qualified Vendors)	861
Independent Providers	750

VII. Services for Infants and Toddlers and their Families

ADES is the lead agency for Part C of the IDEA. DDD provides Service Coordination for some infants and toddlers enrolled in the AzEIP. AzEIP serves children from birth to three years of age and who have 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 an eligibility determination for families that choose to share their personal identifiable information. Children who are eligible for AzEIP may also be eligible for services through DDD, the Arizona Schools for the Deaf and Blind, and/or ALTCS.

Using a Team-Based Early Intervention approach to services, AzEIP ensures that all eligible children's families are provided with a Core Team of professionals (developmental special instructionist, physical therapists, occupational therapists, speech and language pathologists, social workers, and psychologists) and a service coordinator who use natural learning environment practices and coaching to support families. DDD's Support Coordinators work closely 13

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, 2021 and June 30, 2022, AzEIP had active IFSP's for 10,645 children. Of these children, 4,733 were also receiving services through DDD, and 871 of these children also received services and support through the Arizona Schools for the Deaf and Blind.

DDD has completed the process to realign all DDD Units serving AzEIP & DDD eligible children under one District Manager and two Area Managers to support our teams across the state. This allows for a more focused cross-state alignment and structure. The Office of Professional Development hired a dedicated AzEIP trainer to formally train staff on core AzEIP policy, procedures, and standards.

VIII. Acute Care Health Plan Services

ALTCS is unique because it follows a managed-care model. A managed care approach proves 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 include 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, DDD entered into contracts with two health plans to provide physical and behavioral health services and CRS to DDD's ALTCS eligible members residing across every Arizona county. The health plans allow each person who is enrolled a choice of a primary care provider. DDD's contracted health plans are:

- UnitedHealthcare Community Plan
- Mercy Care Plan

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

On April 1, 2022, the DDD THP integrated with AHCCCS for physical health care, behavioral health care, and CRS for authorization and claims services to be provided by AHCCCS Division of Fee-for-Service Management. DDD continues to provide and authorize LTSS for these tribal members.

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 designated Serious Mental Illness (SMI) and CRS.

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

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 Support;
- Family Support;
- Psychotropic medication for treatment of certain mental health symptoms;
- Skills Training;
- Substance Use Treatment; and
- Supported Employment.

DDD's behavioral health team includes:

- Medical Director;
- Behavioral Health Administrator;
- Behavioral Health Managers;
- Two Licensed Behavior Analysts; and
- Eight District Behavioral Health/Complex Care Specialists.

As part of its care management responsibilities, DDD 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 DDD and the public behavioral health system.

The DDD Behavioral Health Administration also provided information at community town halls in 2022 to include:

- Overview of Behavioral Health Services including DDD Behavioral Health Administration roles, DDD Health Plans, Covered Behavioral Health Services, and the Arizona Crisis System;
- Article 9 and Behavior Supports Manual Updates; and
- Self-Care and Resilience Strategies For Caregivers.

The Program Review Committee (PRC) is responsible for reviewing and approving Behavior Treatment Plans (BTP) for members who live in residential settings and may take psychotropic medications and/or have unsafe/inappropriate behaviors that interfere with daily life.

In November 2021, the Behavioral Health Administration hired two additional licensed Behavior Analysts to provide oversight and supervision to the PRCs. This resource expansion will increase the clinical oversight for the PRC statewide. A Behavioral Analyst supports District East and District West, and the other supports District North, District South, and District Central. These Behavioral Analysts also support teams by providing information about behavior analysis services and available resources.

In Spring/Summer 2021, a workgroup was formed to develop a standardized statewide behavior plan template. A training course and training materials have been developed to help guide behavior plan writers through the new document. The goal of the document is to create a standardized

template for behavior plans being reviewed. In addition to the template, the PRC required forms were updated to reflect current practice. Here is a summary of the changes:

- Personal Information Form (known as the PIF) - This form is now built into the standardized template;
- Personal Contact Information Form;
- Disposition - There is a new section for plan writers to confirm the changes that have been completed and to identify pages that were changed in the plan; and
- Behavior Plan Checklist - Edited to reflect changes in new Behavior Plan Template.

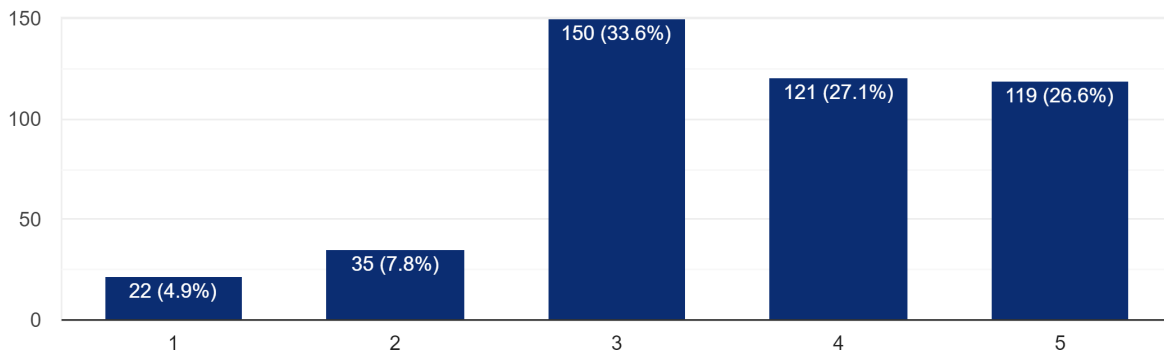
The Behavioral Health Administration and DDD Training Department collaborated to revise the Developing Behavior Plans workshop to align with the new forms and current practice. This training teaches the requirements, components, and writing of behavior plans for submission to the PRC. It is available to all Qualified Vendor agencies and those who participate in PRC free of charge.

In Summer 2021, the Behavioral Health Administration sent approximately 5,000 satisfaction surveys to members, families, guardians, Support Coordination, PRC panel members, and volunteers. See below for a summary of the results.

Scale for results: 5= strongly agree, 4= agree, 3=neutral, 2=disagree, 1=strongly disagree

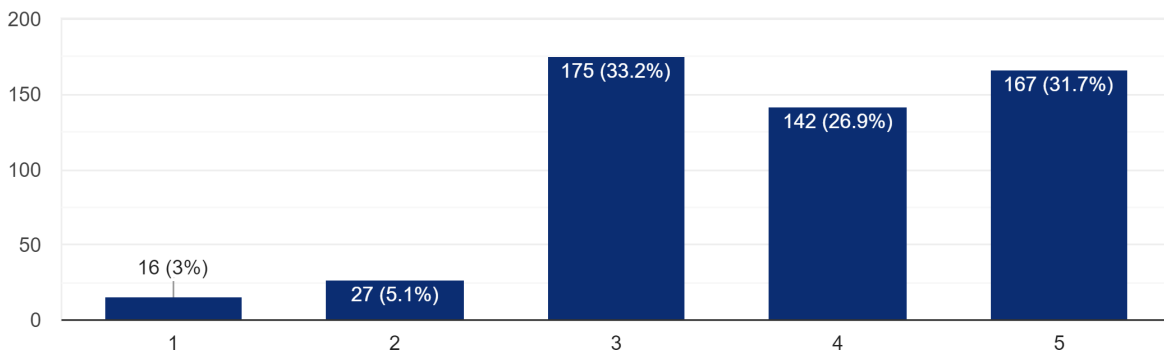
The BTP submission process is clear and easy to follow

447 responses



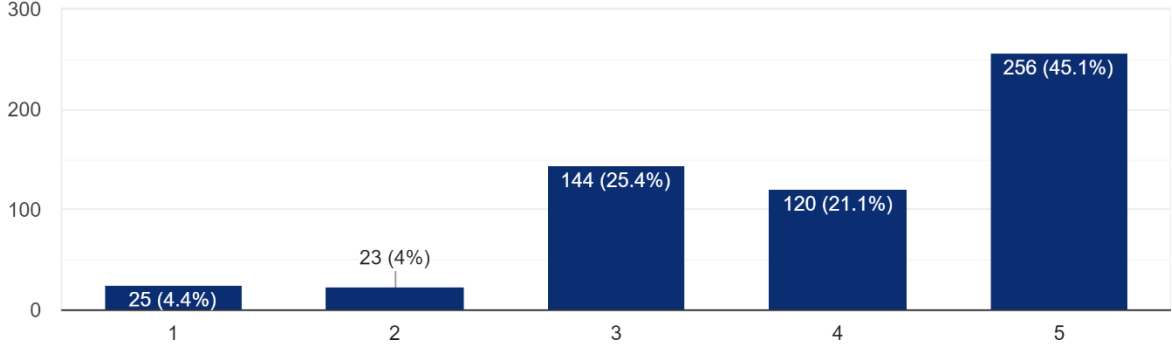
The PRC team provides specific technical assistance regarding plan submissions

527 responses



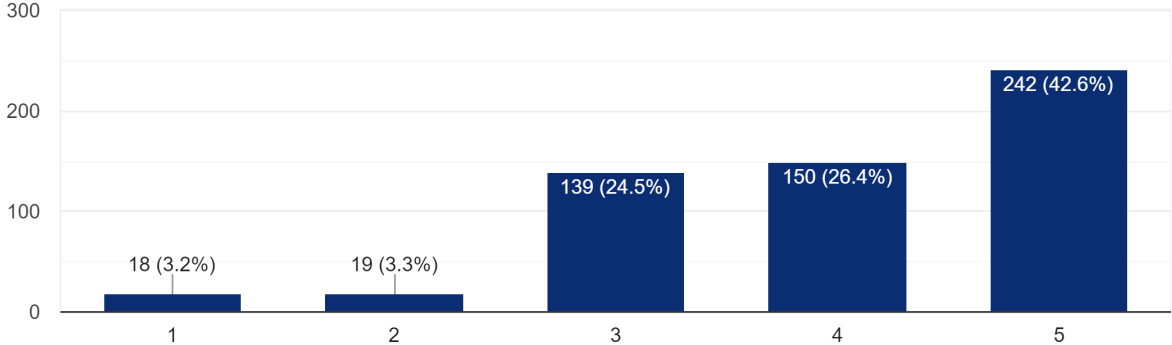
I have positive interactions with the chair of PRC

568 responses



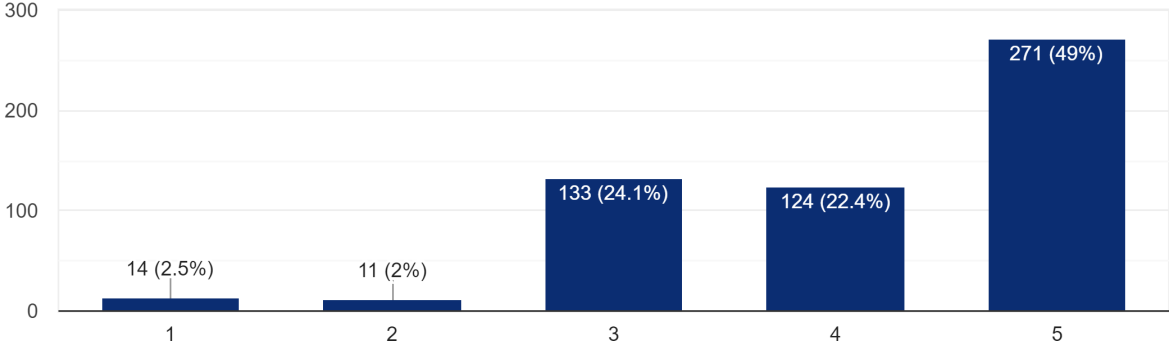
I have positive interactions with the panel members of PRC

568 responses



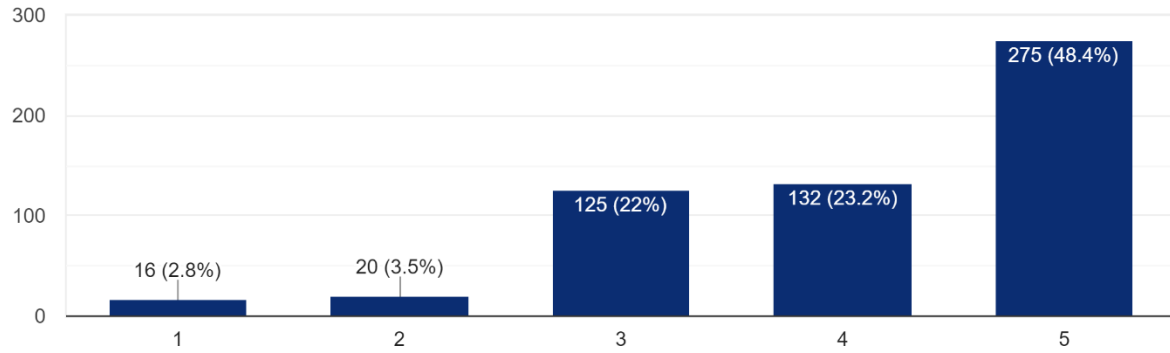
I have positive interactions with the admin assistant of PRC

553 responses



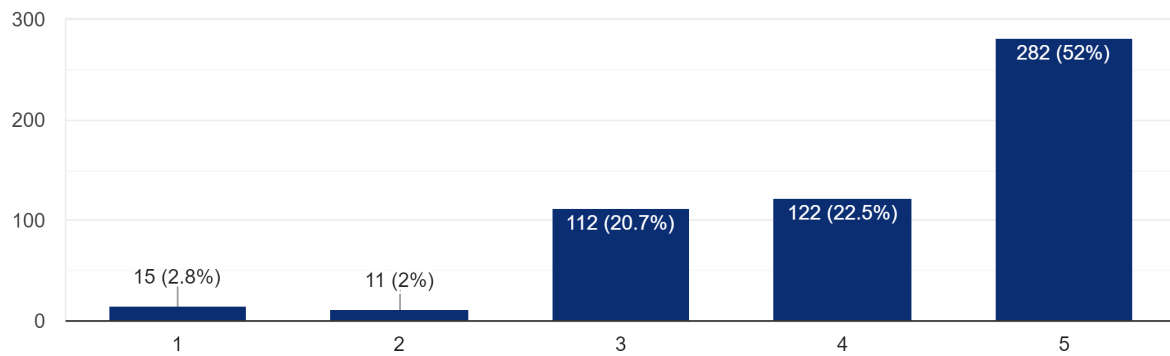
Overall communication is professional during PRC

568 responses



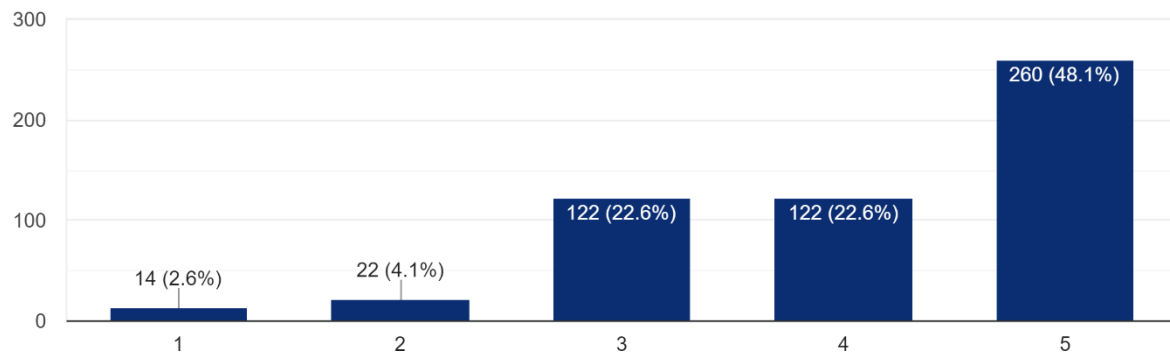
The PRC chair is knowledgeable regarding rights restrictions

542 responses



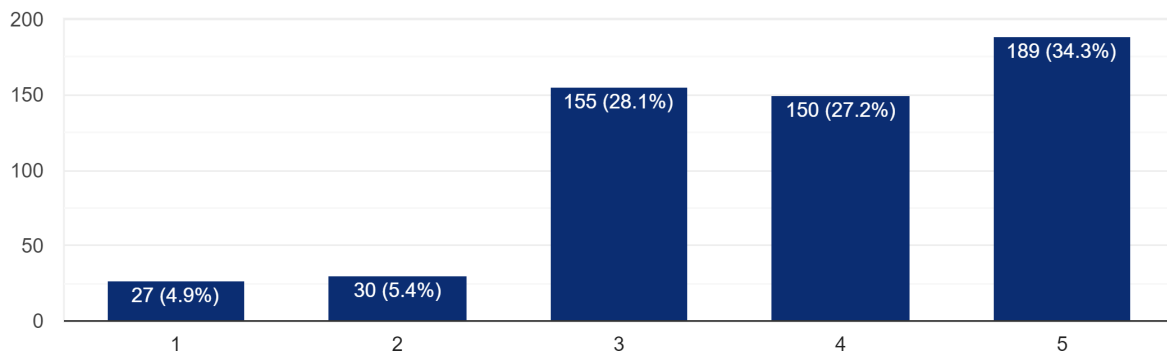
The PRC chair is knowledgeable regarding behavior intervention techniques

540 responses



Overall, I am satisfied with the PRC review process

551 responses



In addition to the data collected on the survey questions, the Division received written comments and suggestions from many survey participants. Most of the comments were related to the following topics:

- Training needs, benefits of a standardized behavior plan template, clinical input/oversight of PRC;
- The transition to Google/virtual platform went well and is a preferred method of participation for members, providers, Support Coordinators, and presenters; and
- Continued interest in enhancing statewide consistency for PRC.

The DDD Behavioral Health Administration greatly appreciated the survey responses and found them helpful in planning projects to improve PRC processes and make it easier to navigate for all involved.

X. Other Division Activities that Support Arizona's Families

Providing services and support to members and families is very important to DDD. In addition to the services and supports listed above, the following are some other examples of how DDD serves its members and families:

- DDD participates in the AHCCCS Justice System Reach-In Program which is specific to ALTCS eligible members who are incarcerated 20 days or longer and involved in the justice system. As part of this program, DDD's Justice System Liaison coordinates the efforts of the DDD's community partners, including jails/prisons/detention facilities, courts, law enforcement, and community supervision agencies, with the Person-Centered Planning Team. The combined efforts of the Division, AHCCCS, community partners, DDD Health Plans, Regional Behavioral Health Authorities, and the AHCCCS Complete Care (ACC) Plans provide integrated care coordination and re-entry assistance to the incarcerated population. Re-entry assistance includes ensuring the member has an appointment with their primary care physician within seven days of release from detention and coordinated benefit reinstatement.

Support is also offered to those that may be incarcerated for less than 20 days. During this past year, DDD Justice Reach-in Program supported on average 61 members per month. If DDD becomes aware of a member who has been incarcerated, the Justice System Liaison

is available to help. This assistance includes ensuring the detention facility is aware that the individual is a DDD member and provides a list of the member's most current prescribed medication. The Justice System Liaison also assists the Support Coordinators with resources they can share with the family, such as contact phone numbers for the detention centers, how to make phone calls with the member, and how to ensure the member has funds to purchase needed items while detained. The Justice System Liaison, in collaboration with other DDD staff, monitors the member until the member is released, legal involvement is resolved, and the member is stable.

The DDD Justice System Liaison participates in several collaborative meetings including:

- Monthly touchpoints with the contracted DDD Health Plans;
 - Monthly Internal DDD Justice Meeting;
 - Quarterly AHCCCS Justice Transition Meetings;
 - Quarterly ACC touchpoints;
 - Quarterly meetings with Regional Parole, Probation, and detention facilities staff; and
 - Presentation at the Public Defenders' Conference.
- Every month, there are an average of 501 children who are DDD eligible and served by the DCS receiving DDD Residential Services. The two systems work collaboratively to ensure that children receive the services they qualify for. DDD has a designated DCS Liaison who is focused on facilitating effective working relationships between DCS field staff and DDD's Support Coordination Units. During the Public Health Emergency, the DCS Liaison utilized virtual technology to facilitate these relationships and scheduled video conferencing calls and meetings to ensure everyone stayed connected.

In further support of these relationships, the DCS Liaison participated in 108 events, including presenting DDD eligibility information to DCS staff and DCS policy information to DDD staff. Presentations on DDD eligibility were also provided to DCS contractors such as licensing/adoption agencies, parent aid agencies, and Family Preservation agencies. In addition to the presentations, the DDD DCS Liaison supported individuals that had inquiries about the DCS and/or DDD systems of care and assisted these individuals in finding information, answers, and resolutions to their questions.

- The Home Modifications Unit received 242 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 in living with more independence and thereby improve quality of life.
 - 141 home modifications projects were completed based on medical necessity because durable medical equipment alone was unable to meet the member's needs
 - 101 assessments resulted in closures for various reasons, such as:
 - 42 assessments resulted in a referral to the member's DDD Health Plan for durable medical equipment to meet accessibility needs when completing activities of daily living.
 - 29 assessments resulted in the family's request for closure because the member's responsible person chose to opt out of DDD recommended modifications and sought alternative resources either through the community or on their own.

- 17 assessments resulted in closures because members did not demonstrate medical necessity for the home modification service.
- Three assessments resulted in closures due to members passing away before the start of the project.
- Six 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.
- One assessment resulted in closure because the request is not a covered benefit under the home modification service.
- Three members, living in a residential setting that is licensed or certified by a regulatory agency of the state (e.g. a Group Home or an Adult or a Child Developmental Home) were not eligible for the home modification service. The agency is responsible for ensuring the home is accessible for the person the agency is serving.

The Division's Home Modification Unit served DDD members with the provision of 807 types of modifications, detailed below.

To provide an accessible entry to the home:

- Ninety-eight ramps;
- Sixteen platform lifts;
- Sixty-nine modified thresholds; and
- Six auto-door openers.

To provide an accessible bathing area:

- Seventeen modified toilets;
- Twenty-eight modified sinks/vanities;
- Ninety-five modified showers;
- One hundred fifteen handheld shower wands;
- Eighty-three bathroom door modifications;
- Thirty-five bathroom flooring replacements to ensure the flooring is level with the shower pan; and
- One hundred thirteen grab bars.

To provide an accessible sleeping area:

- Sixty-five bedroom door modifications; and
- Four bedroom flooring replacements for ease of mobility devices such as wheelchairs, walkers, and bath chairs (not for hygiene purposes).

To promote increased member independence in the home:

- Sixty-three other types of modifications, such as handrails to access stairwells, single level shower valves, tilted mirrors, countertops, etc.

The Home Modification Unit also monitors the projects to assist and address any member's or responsible person's concerns.

- The DDD Office of Licensing, Certification and Regulation (OLCR) is responsible for licensing Child and Adult Developmental Homes and certifying Individual Independent Providers and Qualified Vendors. OLCR resides within the Division's Network Operations, Management, and Licensing area.

A developmental home is a family-based residential setting that can accommodate up to three members. Developmental home license applicants must complete background checks, take extensive training, participate in a home study and pass a home inspection. OLCR works in partnership with Qualified Vendors who assist prospective applicants in the application process. The Qualified Vendor provides ongoing support and monitoring of the homes once a license is issued. As of 6/30/2022, there were 1,150 developmental homes statewide. During FY 2022, OLCR issued 140 initial licenses and processed 911 renewal applications.

All Individual Independent Providers and Qualified Vendors are required to obtain an HCBS Certificate to contract with the Division and provide services to members. The HCBS certificate ensures that all direct care workers have met qualification standards and that all settings used for HCBS services have met safety standards. As of June 30, 2022, there were 632 certified individual independent providers and 762 certified Qualified Vendors. OLCR processed 619 renewal applications for independent providers and 656 renewal applications for Qualified Vendors. During FY 2022, OLCR issued 90 initial certifications to Qualified Vendors.

A critical component of both licensing and certification is the setting inspection. All settings must demonstrate compliance with rules pertaining to general cleanliness, storage of medications, storage of toxins, fire safety, electrical safety, swimming pool safety, and several other areas. Developmental homes are inspected annually. HCBS service sites are inspected every 2 years. During the FY 2021, OLCR inspectors completed 1,708 inspections of developmental homes and HCBS service sites throughout the state.

- DDD and Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) continue to work collaboratively to streamline and facilitate services as required in the April 2020 DDD/VR Memorandum of Understanding.
 - The Employment Services Manager and the VR Statewide Developmental Disabilities Coordinator meet bimonthly to better organize referrals of DDD members to VR for services. Quarterly meetings are held with DDD Employment Service Specialists and VR Counselors who serve DDD members to provide updates and discuss how to best serve DDD members.

Along with DDD's Community Engagement Manager and 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.

DDD collaborates with other state agencies and stakeholders, through participation in the Arizona Statewide Community of Practice on Transition, which meets monthly and has developed a Transition Guide for families. In addition, DDD has representation at many of the smaller, local Communities of Practice on Transition. Due to the constraints of the pandemic, the Employment Specialists and Community engagement staff participate

virtually in local Communities of Practice involving school districts, providers of service, advocates, and other state agencies. The goal is to promote post-secondary transition employment opportunities, such as continuing education in a community college or trade school, or referral to RSA/VR for Community Integrated Employment.

- DDD has a designated Tribal Liaison who works with the other ADES Tribal Liaisons to facilitate effective working relationships with the 22 federally recognized Arizona tribes. This includes visits to individual tribal nations, joint presentations, and facilitation of inquiries from both DDD and the tribes. During FY 2022, DDD staff participated in the following tribal activities:
 - Twelve virtual tribal communication meetings;
 - Six virtual presentations to tribes; and
 - Two virtual Tribal Consultations.

As of June 30, 2022, DDD has 2,238 members identified as American Indian/Alaska Native. The DDD Tribal Liaison tracks tribal affiliation for the 22 Arizona tribes so that data can be shared with the tribal governments and DDD for planning purposes.

DDD has an Intergovernmental Agreement with the Navajo Nation Division of Social Services to provide comprehensive case management for DDD ALTCS members who reside on the Navajo Nation. The comprehensive case management duties are the same as a DDD Support Coordinator. The contracted unit served an average of 138 members of the Navajo Nation per month during FY 2022.

- DDD has Bachelor of Social Work (BSW) and Master of Social Work Internship Programs with various universities to provide opportunities for social work students to gain practical field experience working with DDD 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 DDD. FY 2021 was the first year DDD offered paid internships. During the 2021-2022 school year, there were a total of three BSW students who interned with DDD. Upon graduation, DDD hired one of the BSW students as a full-time Support Coordinator.
- DDD's Health Care Services continues to facilitate the AHCCCS High Need/High Cost Program. This is done through the ongoing identification of members who meet the criteria for the program. Program members' needs are staffed with DDD's subcontracted health plans and behavioral health providers when appropriate. DDD has convened an internal workgroup to refine the criteria and process for this program.
- DDD contracts with Ability360 and DIRECT Center for Independence to provide curriculum development and training to assist members in learning self-determination and self-advocacy. 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, and promoting programs that support inclusion.
- DDD contracts with Raising Special Kids to provide peer family support services. Raising Special Kids 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.

- DDD supports councils and family groups. Family groups are parent-driven and provide support and learning opportunities. 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 and is comprised of a cross-section of people in the community.
 - Independent Oversight Committees (IOCs), a group of volunteers who provide support and review in matters to the rights of people with developmental disabilities where services are provided.
 - PRCs, volunteers who review BTP and provide guidance on strategies addressing behaviors that interfere with DDD members' ability to lead self-directed, healthy and meaningful lives.
 - Stakeholder Workgroups, DDD engages individuals, families, advocates and providers to continuously improve the system.

- The Quarterly DDD Focus Group with DDD Advocates and Self-Advocates Meeting was created as a regular series of meetings with a large group of advocates and self-advocates in 2021 with the purpose of strengthening partnerships and collaboration between the Division and advocates/self-advocates in order to improve outcomes for the individuals served. This group represents a broad range of perspectives providing the Division with critically important stakeholder feedback. The goal of these meetings is to identify issues and solutions to improve DDD support and services. These meetings are utilized to:
 - Hear from the advocates and self-advocates on what concerns they may have.
 - What seems to be working well?
 - What can be improved?
 - Provide updates on relevant DDD news.

- DDD'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. DDD has implemented an operational infrastructure for workforce policy management that monitors and manages the Workforce Development Plan and other related activities.

- DDD'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 and posted to the DDD website for public comment and review.

DDD 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 664 individuals on the opt-in list.

- DDD continues to make improvements to its web pages on the ADES website. Information is properly organized in an easy to follow format ensuring accessibility for all users.

- New Support Coordinators complete over 150 hours of initial classroom training upon hire that teaches them the philosophy of DDD, how to recognize and report maltreatment and abuse, the critical components of person-centered planning, care coordination 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 90 hours of initial instructor-led training upon hire that teaches them the philosophy of DDD and person-centered approaches, 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. In addition, these staff are regularly required to renew their training in Cardiopulmonary Resuscitation/First Aid, Prevention and Support, Article 9, and Prevention of Abuse and Neglect.

DDD contracts with Relias Learning to provide online courses to all employees to increase their knowledge and awareness of cultural competency, person-centered philosophies, supporting members with complex healthcare needs, and dual diagnoses.

- DDD 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.
- DDD's Office of Individual and Family Affairs (OIFA) provides support to IOCs organized within each district across the state. These committees are composed 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 that 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 DDD OIFA team includes two Behavioral Health Advocates and one Behavioral Health Advocate Supervisor to support members who are:
 - Adults who are DDD-eligible with co-occurring behavioral health, general mental health, substance use needs, and/or members with a Serious Mental Illness (SMI) designation; and
 - Children who are DDD-eligible with behavioral health and/or substance use needs and the families of these members.

Both advocates and the supervisor have "lived experience" receiving behavioral health services and/or navigating a public behavioral health system. This team is experienced in working with individuals including members with special healthcare needs, families, youth, advocates, and key stakeholders. The advocates provide support and guidance to members and families with community resources and navigating the behavioral health systems of care. The advocates collaborate with the DDD Health Plans, AHCCCS, and the ACC Plans' OIFA offices to educate and support members, families, community organizations, DDD staff, and stakeholders on the services and supports available through DDD and the health plans.

The Behavioral Health Advocates engage in on-going continuing education opportunities to stay current on changing system trends and best practices. During FY 2022, the advocates received 131 unique referrals; 66 of these referrals were supported by the childrens' advocate, 54 referrals were supported by the adults' advocate, and 11 were supported by the supervisor. In the process of supporting these members and families, the advocates participated in more than 1,400 collaborative team meetings.

The advocates have conducted over 200 outreach events to:

- Internal ADES and DDD staff;
- Stakeholders;
- Health plans;
- Behavioral Health providers;
- Peer and Family Organizations;
- Advocacy groups;
- Justice System partners; and
- Psychiatric medical facilities.

The Behavioral Health Advocates and Supervisor also have:

- Provided input in policy updates and revisions;
- Participated in multiple workgroups and committees regarding Peer and Family Support Services, Trauma Informed Care, THP, and others;
- Represented the Division as a board member to the AHCCCS Behavioral Health Planning Council;
- Served on the Trauma Informed Approach Collaborative Council for the Governor's Abuse and Neglect Taskforce; and
- Presented with the AHCCCS Family Support Education Taskforce.

- DDD's Quality Management System (QMS) includes the Incident Management System which is the automated system for incident reporting. For Quality of Care (QOC) concerns, the Division utilizes the AHCCCS Quality Management (QM) Portal which is a confidential system for completing QOC investigations. The purpose of the AHCCCS QM 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.
- DDD's Quality Management Program Monitoring Unit conducts onsite monitoring of group homes, center-based programs (Day and Employment), and Developmental Homes (Child and Adult) for compliance with contractual and programmatic standards. The auditors also complete monitoring reviews at the vendor level who provide HCBS and Developmental Home services each year for compliance with contractual and programmatic standards. The unit also completes audits of the Direct Care Worker training programs across the state. The unit is responsible for assessing compliance with Medicare and ADHS requirements for ICFs within the state-operated or funded locations.
- Credentialing is the process of verifying providers are properly trained, certified and/or licensed and have the required experience to provide care and services to Division-eligible members. Initial Credentialing is conducted for all new vendors applying to provide services and re-credentialing occurs every three years thereafter. Reviewed areas include, as applicable, a review of the Contract Agreement, licensure and on-site inspection and

program monitoring reports for residential settings and day programs, certification verification, liability insurance verification forms, incident reports, fact-findings, QOC concerns, complaints, post-payment audits, contract actions, and corrective action plans. Credentialing is an essential process that contracted agencies must go through to ensure those providing services are qualified to do so.

- OIFA includes the Division's Customer Service Center (CSC). This unit is responsible for all grievances and inquiries for members, families, and providers. In addition, the CSC Provider Relations Unit is responsible for providing initial and ongoing WellSky Human Services (vendors must submit claims on official, nationally-recognized forms in the WellSky system). Lastly, this unit is required by the AHCCCS contract to close grievances within ten days for members and 30 days for providers. All grievances should be closed within 90 days of receipt. The CSC provides monthly, quarterly, semi-annual, and annual reports to DDD's management team. These reports are very in-depth providing a myriad of information, as well as tracking and trending concerns.

During FY 2022, the CSC had the following metrics:

- **Monthly Average Calls:** 2,161
- **Total Grievances:** 2,311
 - Member: 1,041
 - Provider: 1,270
- **Average Resolution:** 18 days
 - Member: 20 days
 - Provider: 16 days

The Provider Relations Unit conducted at least one provider billing training session weekly in FY 2022 with at least one and no more than five providers. The Provider Relations unit transitioned all provider billing training sessions to a virtual environment.

The CSC developed procedures and/or standard work for:

- A remote work schedule including in-office days;
- Grievance closure letters; and
- Provider Inquiry Process.

The Provider Relations team has an average resolution time of seven days for inquiries.

- The DDD Provider Publications Manager audits all Qualified Vendor websites to verify the functionality of links, consistency of claims regarding approved services for members, the use of people-first language, the most up-to-date versions of all posted government forms and publications are available, and accuracy of legal references (including, but not limited to claims of 501(c)(3)/Qualifying Charitable Organization/Qualifying Foster Care Charitable Organization) status and the legality of claimed employee pay rates). Website 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 the websites of the DDD Health Plans, and ensures any deficiencies are corrected. Provider brochures are reviewed for grade level statistics compliance, accuracy of legal references/citations, and use of people-first language. Provider vendor call slide presentations are reviewed for accuracy of legal references/citations, the use of people-first language, and approved status to perform the services claimed in the presentation.

- The COVID-19 Public Health Emergency continues to have a substantial impact on DDD. The health and safety of members, families, and the professionals in our system remains a top priority for DDD. 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 ways to access services.

Some of the activities still in place include:

Support Coordinators provided information about COVID-19 vaccinations, transportation options to obtain a vaccine, and to identify any members who were unable to leave their home and needed arrangements to be vaccinated. The initial outreach was for any member aged 18 and above who may be eligible to receive the vaccine. Then once approval was provided to vaccinate children of different age groups, Support Coordinators made that information available.

DDD held town hall events to keep people informed of its responses during the Public Health Emergency and provided a forum for stakeholders to ask questions, give feedback, and receive direction. During FY 2022, 31 total COVID-19 virtual events were held, including:

- Eleven public Town Halls;
- Sixteen staff Town Halls;
- Three public Town Halls conducted in Spanish; and
- One presentation with Raising Special Kids Facebook Live.

DDD ensured internal and external COVID-19 related communication through several methods, including monthly e-newsletters to members and families, two mailed newsletters to every member/responsible party, monthly Shout newsletters to all Qualified Vendors, bi-weekly Echo and Voice newsletters to DDD staff, weekly email updates by the DDD Assistant Director, Vendor Announcements, and flyers/announcements to advocacy groups, members, families, and stakeholders.

Throughout the year, DDD maintained CMS and AHCCCS approved service flexibilities. These flexibilities include:

- Virtual planning meetings*;
- Parents as Paid Caregivers providing direct care to minor children;
- Virtual supervisory visits of Direct Care Workers;
- Home delivered meals; and
- Services to support remote learning.

**Beginning April 1, 2022, PCSP meetings started to be held in person for members eligible for the ALTCS if the member chose that option. Members and their families can choose to have their PCSP meeting in person, rather than virtually. Members can tell their Support Coordinator at their planning meeting if they would like to have their next meeting in person. Virtual PCSP meetings continue to be an option for members and families.*

The COVID-19 Public Health Emergency continues to have 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. Continued vendor financial viability is critical to ensuring services are available to members. DDD uses different incentives to vendors including value-based

lump sum payments to support providers experiencing increased costs associated with Electronic monitoring in residential settings;

- Abuse and Neglect Prevention task force recommendations and implementation;
- PCSP;
- Electronic Visit Verification;
- Life Safety Inspections;
- THP;
- Volunteer opportunities;
- How to Keep Our Kids Safe by the Autism Society of Greater Phoenix;
- American Rescue Plan Act;
- National Core Indicators (NCI);
- Overview of Behavioral Health Services including DDD Behavioral Health Administration roles, DDD Health Plans, Covered Behavioral Health Services, and the Arizona Crisis System;
- Residential Services Vendor Call;
- Residential Service Options;
- OIFA Behavioral Health Advocates;
- Pledge to Prevent the Public Health Emergency and temporary rate increases designed to address retention and recruitment of direct care workers. DDD stayed connected to the vendor community through monthly meetings with the Arizona Association of Providers for People with Disabilities. DDD also conducted 14 vendor surveys to learn of issues impacting members, vendors, and providers.

DDD hosts virtual public town hall events to maintain a healthy dialogue with the DDD community. Throughout the Public Health Emergency, DDD has hosted 43 public Town Hall events providing updates on DDD's response to COVID-19.

DDD continues to maintain its Actions Related to COVID-19 web page which was updated regularly regarding DDD's response to the Public Health Emergency. Throughout the year, as guidance was updated by the Centers for Disease Control and Prevention (CDC), the ADHS, AHCCCS, and/or the ADES, documents were updated to reflect current practices. This has allowed DDD to have full transparency and provide clear and concise communication and direction to members, families, advocates, vendors, and providers.

Some of the documents that were updated include:

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

This webpage includes the following information:

- Vaccine eligibility;
- Vaccine information;
- Resources for stakeholders;
- Resources for Qualified Vendors and Providers;
- COVID-19 member data;
- Service delivery changes;
- COVID-19 temporary provider payment strategies;
- Qualified Vendor Provider Surveys;
- Health plan updates; and
- Past virtual town hall presentations.

In order to support members and families within rural communities to access COVID-19 vaccines and boosters in District North, DDD partnered with DocGO and hosted vaccine clinics in Show Low, Page, and Kingman.

DDD will continue to monitor the impact of the COVID-19 Public Health Emergency on members, families and providers into FY 2023 and provide updates and/or guidance to its stakeholders.

Outreach and Education

- The Division provides outreach and education throughout the year.

During virtual Town Hall events, an array of guest speakers shared information in support of members, families, and Qualified Vendor agencies; separate from the Public Health Emergency. Topics included:

- DDD Strategic Plan and future initiatives;
- Introduced the new nursing assessment tool;
- COVID-19 vaccines and vaccine hesitancy;
- (together we can prevent abuse, neglect, and exploitation of individuals with intellectual and developmental disabilities);
- Parents of minor children as paid caregivers by AHCCCS;
- Licensed Health Aide Service;
- Nursing Supported Group Home Licensure;
- Article 9 and the Behavior Supports Manual;
- Self-Care and Resilience Strategies For Caregivers; and
- Down Syndrome as a qualifying diagnosis for DDD eligibility.

OIFA has a team dedicated to community engagement activities including conferences, presentations, resource fairs, community events, stakeholder meetings, and school parent fairs/events. This team also hosts a monthly "Virtual DDD 101" event. During this event, the Community Engagement team provides information about the DDD eligibility and application process, DDD Member Categories, Support Coordination roles and responsibilities, and LTSS. For the FY, this team participated in 303 outreach activities and interacted with 18,625 people in person and virtually.

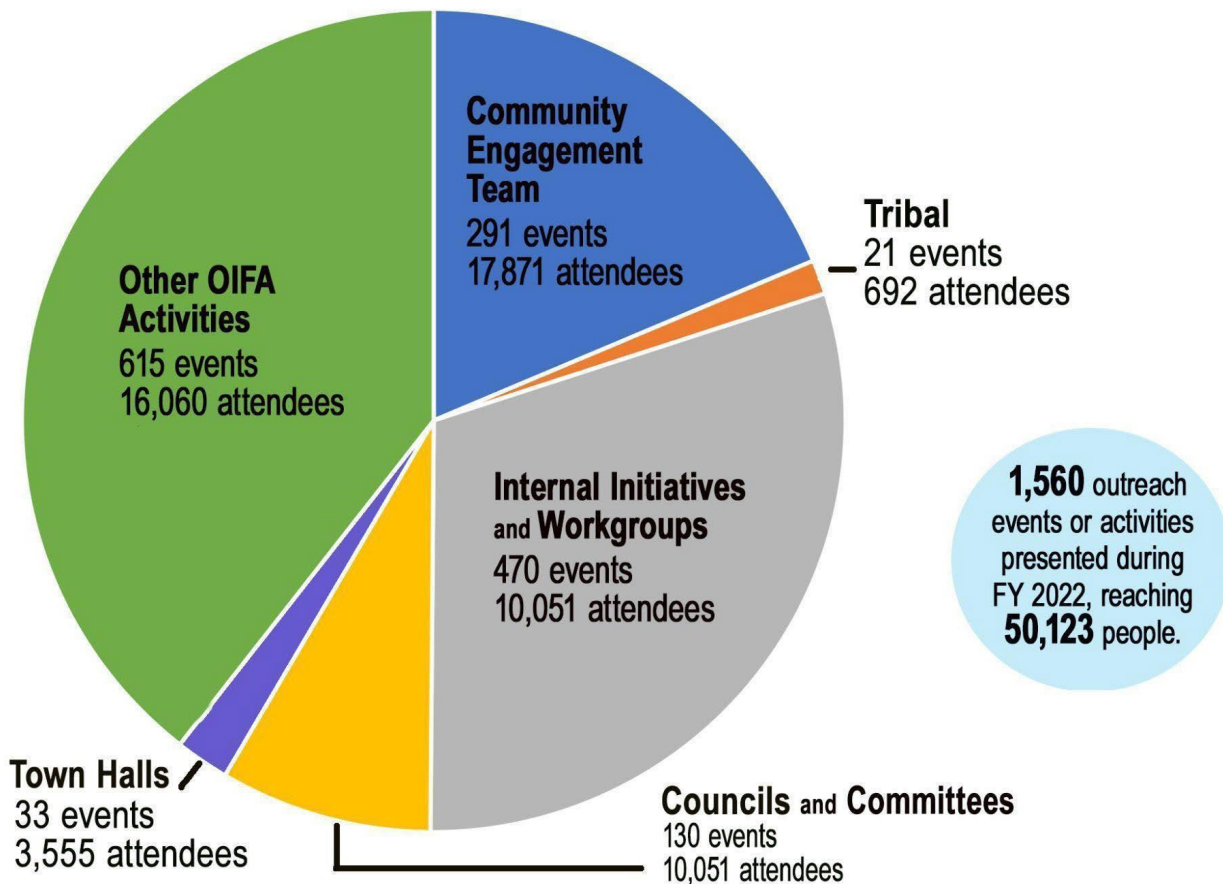
OIFA has several other teams that participate in outreach and education activities. These include:

- Supporting DDD councils and committees;
- Collaborating with AHCCCS and other Managed Care Organizations OIFA offices in workgroups and initiatives;
- Attending stakeholder and community events;
- Participating in a variety of internal initiatives and workgroup activities; and
- Internal staff town halls.

In total, the DDD OIFA participated in over 1,560 Outreach events, reaching more than 50,123 people.

OIFA Outreach Events

Family Support Annual Report 2022



- DDD offers the Medallion Program for member safety and protection during emergencies. The member is given an identification band or tag that is engraved with the member’s DDD “case number” and a 24-hour DDD Hotline number. First Responders can 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. In FY 2022, 191 Medallion requests were received and fulfilled by DDD-OIFA.
- DDD participates in ADES Informational Forums along with the other ADES programmatic divisions including the Division of Aging and Adult Services, the Division of Employment and Rehabilitative Services, the Division of Benefits and Medical Eligibility, the AzeIP, and the Division of Child Support Services. These forums are an opportunity for local community services leaders to join in on a conversation with ADES leadership to strengthen the efforts of our shared mission to serve Arizonans in need. ADES Divisions share updated information about their programs and provide an opportunity for the public to ask questions.
- The Office of Administrative Review oversees all of DDD’s functions involving appeals, claim disputes, administrative reviews, and hearings. It also reviews this data for trends and areas for improvement.
- DDD continues to participate in the 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 and the Human Services Research Institute. 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.

DDD 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, DDD's existing committees, workgroups, 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 or virtual 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.

NCI Survey results from 2019 and 2020 are not available for the State of Arizona due to the COVID-19 Pandemic and the inability to complete the required number of in-person Surveys.

To improve the quality and stability of the workforce of Direct Support Professionals who assist members with intellectual and developmental disabilities, DDD participates in the NCI Staff Stability Survey. More information on the NCI and Staff Stability Surveys, along with reports from previous years, can be found at the NCI website here: <https://www.nationalcoreindicators.org/>.

- The Contract Administration Unit, along with internal and external stakeholders evaluated the Qualified Vendor application process. The evaluation looked for opportunities to reduce the timeline from application submission to contract execution. This project evaluated the process steps and workflow. It was determined that certain activities required as part of the application process could occur earlier in the timeline and others could be streamlined. This information informed the development of the new Request for Qualified Vendor Application (RFQVA), also known as the Contract, which will be rolling out in 2024.

XI. A Snapshot of FY 2022 Accomplishments

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

As Phase I of Current 2 Future (C2F) winds down, DDD is working to embed a culture of compliance while moving forward to focus on innovative and forward-thinking strategies to address the identified priorities for individuals interacting with the DDD system. Through conversations with members, families, providers, advocates, and DDD staff; the priority focus areas for DDD over the next five years were determined. Those areas are (1) Workforce Development (2) Improve Member Experience (3) Continuous Improvement and (4) Strengthen Community Partnerships. Future phases of the C2F Initiative and the specific projects undertaken in each subsequent phase will primarily impact at least one

of these key areas. The C2F priorities include:

Workforce Development:

To be successful in pursuing important activities to enhance the member experience and to continuously improve while strengthening our relationships with stakeholders there are a number of important capabilities that must be addressed over the next several years. These capabilities include:

- **DDD Workforce**

In order for the Division to achieve the desired operational and strategic objectives, it must have a dedicated, professional staff that are committed to its mission. Staff must be given opportunities to broaden their depth and breadth of knowledge related to the Division's operations including its requirements as an AHCCCS Program contractor.

- **Systems**

Creating and maintaining the appropriate infrastructure to manage and analyze the data on Division membership requires significant investment and will continue to be a challenge in the coming years. The Division will look to enhance its member systems, such as quality management and case management. In addition, the Division will be moving toward implementing Electronic Health Records and must find efficient ways to manage policies, contracts, and the vast information needed to run a successful social service and health care accredited agency.

- **Leveraging Data and Data Analytics**

The availability of reliable and valid information and the capacity to make that information actionable is critical to the decision-making process. Data-driven decision-making is the best way to ensure the Division's mission is realized. However, determining the most effective way to utilize data, and having the time and resources to effectively review or explore data can produce challenges. As a result, there is an increased value and emphasis being placed on leveraging the data that currently exists and ensuring it is available, reliable, and valid. In addition, the Division is committed to using quality data specific to people with developmental disabilities such as the NCI data to influence its business decisions and determine performance.

Improve Member Experience:

The Division's entire program is predicated on the belief that people with developmental disabilities are valued members of their communities and must be involved and participate based on their own choices. The Division supports the choices of individuals with developmental disabilities and their families by promoting and providing within communities, flexible, quality, member-driven support and services. As a program contractor with AHCCCS, the Division supports the state Medicaid agency's goal to reduce fragmentation within the system and to support an integrated delivery model which will lead to improved health outcomes for members.

The Division also believes that integrating payment systems and aligning incentives that seek to efficiently and effectively improve health outcomes will only go so far in ensuring members have the ability to fulfill their vision of the future. People with developmental

disabilities have historically been marginalized and often have fewer opportunities to access social, economic, recreational, and other life-enhancing resources that, if presented, could act as preventative measures to future chronic conditions.

Embracing person-centered thinking and philosophy and embedding this throughout the organization will allow the Division to ensure that people with disabilities aren't 'trapped' in the system, but have a system that is flexible and nimble enough to provide the support they need to be fully integrated into their communities.

The Division supports people with disabilities who have a wide range of physical and behavioral health needs and it must have a network of providers that can meet these needs. Additionally, the Division must have home and community-based providers who can also support these members.

Continuous Improvement:

NCI is a voluntary effort by public intellectual and developmental disabilities agencies to measure and track their own performance, to compare results across states, and to establish national benchmarks. Begun in 1997 as a project for seven charter states, including Arizona, NCI has become the center of many state I/DD agencies' QMSs.

Through in-person and mail-in surveys, NCI measures crucial elements of person-centered planning, outcomes, and satisfaction in domains such as:

- Service coordination and access;
- Relationships and community inclusion;
- Rights, choices, and decision-making;
- Employment status and goals; and
- Health, welfare, and safety.

In addition to the performance measures and accreditation standards required by the state Medicaid agency, the Division is committed to enhancing the use of the NCI data to drive quality improvement opportunities throughout the system.

Person-centered planning is built on the values of inclusion and looks at what support a person needs to be involved and included in the community in which they live and of their choosing. It offers an alternative to the medical model of disability planning which is set up to assess need, allocate services, and make decisions for people. Person-centered planning is rooted in the social model and aims to empower people who have traditionally been disempowered. The Division offers support and services to help empower people with disabilities. DDD contracts with two agencies to offer free self-determination and self-advocacy skills development, training, and encouragement to people 16 and older who are enrolled in the Division. Another program the Division supports through a contract is Partners in Leadership. This free innovative leadership training program is designed to teach people with disabilities to be community leaders, and to affect system and policy change at the local, state, and national levels. The Division will continue to look for opportunities that enable people with disabilities a voice and a choice in living their lives to the fullest.

The Division uses information gathered from data metrics, surveys, stakeholders, and our own observations to identify quality improvement opportunities for members and potential members. The Division solicits input from the stakeholder community by inviting participation

in workgroups, by submitting policies and rules for public comment, and through the collaborative relationships we have with the provider community, advocacy organizations, and advisory councils. This feedback allows the Division to target areas for improvement that are of concern to the people that use the system.

One area the Division has dedicated time and resources to is the eligibility process. The Division intends to ensure that it is transparent and that people who apply understand what the Division's process is for reviewing documents that describe the person's diagnosis and substantial functional limitations. The Division also ensures the process of redetermining eligibility is coordinated effectively and efficiently and that assistance is provided to members and families who are already enrolled so they understand exactly what documentation is needed.

Strengthen Community Partnerships:

The Division values the relationship between a social service agency and the communities that it supports and recognizes that the best way to strengthen the program is to listen to the voice of the people we serve, including the provider community, advocacy organizations, IOC, and advisory councils. The Division recognizes that trust between the Division and its community partners has eroded and is dedicated to taking actions to restore the trust.

The Division is committed to continuing to meet regularly with these groups, so it can learn from them and design a system that fully meets the needs of people with developmental disabilities. Conversely, the Division is also committed to partnering with these organizations to support efforts they engage in that will fully meet the needs of the people enrolled with the Division.

As previously identified, the Division offers support and services to engage members and families. The Partners in Leadership training program is available to parents raising children with disabilities and offers the same training opportunities, to learn how to become community leaders and to affect systems and policy change at the local, state, and national level. Engaging parents of children with disabilities to drive system change will continue to be a strategy employed by the Division.

The Division will continue to identify and pursue opportunities to include our stakeholders in (1) the development of rules and policies, (2) the PRC, and (3) internal committees where their knowledge and expertise can drive improvement.

- In the past year, 1,520 presentations and various types of events were provided to school districts, first responders, contracted providers, and community stakeholders, including health care providers and tribal entities. DDD interacted with 50,123 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, education and information was shared regarding the member and family support available through DDD's OIFA.
- DDD continues to use technology to increase communication with members and families. This allowed DDD to send electronic newsletters to more than 41,000 member and family email addresses monthly. These newsletters are in addition to the bi-annual newsletters that are mailed to all members. Copies of all newsletters are available in both English and Spanish and uploaded to the current Member Resources page on the DDD website

enabling individuals who have not subscribed to read the information in digital format.

- DDD continues to use its Facebook page to communicate with members, families, and stakeholders. User growth continues to progress. DDD encourages members and families to follow DDD on Facebook, its newsletters, and through communications with Support Coordinators.
- Throughout the Public Health Emergency, as state and federal guidance has changed, DDD has updated the public and internal guidance documents. In support of the DDD COVID-19 response, the Executive Leadership stayed informed with guidance from the CDC, ADHS, AHCCCS, and ADES to provide specific member and provider written guidance and flexibilities.
- Through two Section 811 Project Rental Assistance (PRA) Program grants, the Division collaborates with the Arizona Department of Housing and AHCCCS to obtain and maintain affordable housing for DDD 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 grants provide a subsidy for approximately 105 apartments throughout the state of Arizona, apartments are leased as vacancies occur.

In partnership with the Housing Authority of Maricopa County (HAMC), DDD was allotted 30 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.

The DDD Affordable Housing Unit partners with the HAMC and the City of Tucson Housing Authority to refer members to housing voucher subsidies.

Between July 1, 2021 and June 30, 2022, 136 members were referred to DDD Affordable Housing and 17 members were able to move into the 811 PRA Units, Coffelt-Lamoreaux, and vouchers utilizing a housing subsidy.

There were two members who were able to move from a higher level of care to a more independent service option, two members who were homeless, and one member who was at risk of being homeless that were able to successfully obtain housing through the DDD Affordable Housing Program.

- DDD uses a heat map to geographically identify where the DDD American Indian/Alaska Native members live. Throughout the Public Health Emergency, DDD used the heat map to identify those tribal members who have tested positive for COVID-19.
- During FY 2022, DDD held four Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members. Information regarding the THP and the AHCCCS Division of Fee-for-Service Management coordinating physical health and behavioral health services was provided during these forums.
- The Employment Services Unit provides training and technical assistance in the latest developments and best practices in employment services to the DDD'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 and/or Individual Plan of Employment meetings to assist in creating a plan that best meets each member's needs. There is a one day training

for Support Coordinators on the seven DDD Employment Services and the role of RSA/VR in assisting DDD members to obtain competitive employment in the community. 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.

- DDD's Eligibility Program determines initial eligibility for applicants and redetermines eligibility for current members. The Eligibility unit makes initial eligibility determinations in less than 60 days and eligibility determinations on referrals from ALTCS and AzEIP in less than 30 days.
- OIFA has a new Volunteer Coordinator who assists with recruitment, training compliance, and engagement and retention activities for the PRCs, the IOC, and the Developmental Disability Advisory Council (DDAC).

On April 19, 2022, the Division celebrated its volunteers through a Recognition & Appreciation Event. More than 160 volunteers who represented councils and committees were acknowledged. There were special guests including musical performances, representatives from the Arizona Diamondbacks and Arizona Cardinals, and a tribute to Karen Van Epps, who posthumously received a lifetime achievement award. There was also a special message from Kayla McKeon, Manager of Grassroots Advocacy with the National Down Syndrome Society. Kayla is the first registered lobbyist with Down Syndrome.

XII. Conclusion

- During the 2022 Legislative session House Bill 2113 was unanimously passed, adding Down Syndrome as a fifth qualifying diagnosis to be eligible for the Division of Developmental Disabilities services.

DDD is updating its website, forms, policies, and other documents to reflect this change. The Division is also updating the eligibility process and providing training in preparation for the implementation of this law. More information about eligibility is available on the DDD website.

- During the past year, the Division was able to successfully achieve a significant accomplishment by transitioning its planning documents to the PCSP.

The accomplishments this year are a big step in the Division's journey to becoming a truly person-centered system. A person-centered system incorporates thinking that focuses language, values, and actions toward respecting the views of the person and their loved ones. It emphasizes quality of life, well-being, and informed choice. The planning is directed by the person with help from people they choose.

Person-centered practices are present when people have the full benefit of community living and supports are designed to assist people as they work toward their desired life goals. In the coming year, the Division looks forward to continuing implementation of a person-centered system with stakeholders and the community.

