



ARIZONA
— DEPARTMENT OF —
ECONOMIC SECURITY

Division of Developmental Disabilities

February 05, 2026

Agenda

- Home Modification Service
- National Core Indicators
- Budget Explanation
- HCBS Needs Tool and Extraordinary Care Review Status

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Home Modification Service

Overview

- Home Modifications
- Eligibility - Requirements
- Covered and Non-covered Modifications
- Requesting a Home Modification Assessment



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Home Modifications

- The Division of Developmental Disabilities (Division) covers medically necessary and cost-effective modifications to the home environment as determined through a home modification assessment of the Member's needs.
- The assessed modifications are provided under the Division's Home Modification Service.
- The home is adapted by removing architectural barriers for the purpose of providing an accessible living environment.
- Modifications increase the Member's ability to perform Activities of Daily Living (ADL) with greater independence and functional ability. Examples of ADL are activities a Member performs daily for the Member's regular day-to-day necessities, including but not limited to mobility, transferring, bathing, dressing, grooming, eating and, toileting.
- Modifications assist the caregiver with completing ADL for the Member who, without the physical assistance of another person, is unable to complete ADL.

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Eligibility-Requirements

Home modifications may be provided to the Member :

- Who is eligible for the Arizona Long Term Care System (ALTCS).
- Living in his or her own natural home. The home may be owned, rented or leased.

When the Member lives in a home that is rented or leased:

- The owner of the property must provide the Division written authorization to perform the modifications, on the Division's specific form "Home Modification Service Property Owner Authorization for Home Modifications".
- Upon request of the property owner to have the home modification(s) removed, the Division will incur the future cost of removing the home modification(s) so that the residence is restored to the way it existed prior to the home modification.
- Returning a home to its pre-modification state does not apply when the home is owned by a family member of the DDD Member

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Eligibility-Requirements

Home modifications may **not** be provided to the Member:

- Who has a program eligibility of Targeted (TSC) or DDD only.
- Living in a facility, a setting or an institution, or a portion of any of these that is licensed or certified by a regulatory agency of the state. The agency licensed or certified by the state who accepts an individual into their setting is responsible for providing an accessible living environment for the individual.

Examples of settings that are licensed or certified by a regulatory agency of the state:

- Health Care Institutions
- Residential Care Institutions
- Community Residential Settings (Group Homes, Adult or Child Developmental Homes)
- Behavioral Health Facilities

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Covered Modifications

- Widening of doorway to provide accessible routes to:
 - One bathroom; and
 - Member's bedroom
 - Essential areas of the Home
- One bathroom environment, to allow the Member access or increase independence in bathing, and toileting functions to complete ADL, regardless of how many Members reside in the Home:
 - Accessible shower (roll-in or curbless)
 - Wall mount roll-under bathroom sink to allow wheelchair access
 - Specialized toilets to allow for accessible transfers (High or low rise toilets)
 - Repositioning of existing fixtures to allow adequate movement for wheelchair/walkers within the bathroom
- One accessible entry to the home regardless of how many Members reside in the Home:
 - One ramp or low inclined walkway, handrails and necessary threshold modifications to facilitate barrier-free access to the Home
 - Platform lift when the entry threshold rise is 30" or higher
 - Stair lift or stair climbers; to access the upper level of a multi-level home and the Member's bedroom and only toilet is upstairs
 - Adaptive stairs with low risers and wider treads

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Non-Covered Modification

- The homeowner is responsible for the modifications of the home that are of general utility to the household, or that are not of direct medical benefit to the Member:
 - General maintenance
 - Home remodels
 - Home improvements
 - Home repair
- The homeowner is responsible for the modifications to new homes or new additions to the home where the Member resides:
 - Families that are planning for a new home are responsible for all the architectural access design, and construction of a new home to meet the Member's accessibility needs
- The homeowner is responsible for the modifications to the home where the Member resides, such as:
 - Construction of additional rooms to the existing structure
 - Remodels to an existing Home
 - Converting a garage into a bedroom
 - Construction for an additional bathroom

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Request for a Home Modification Assessment



Request for a Home Modification Assessment

The Division begins the process for obtaining a home modification assessment when the Responsible Person has reached out to their Support Coordinator to request a home modification:

- The Support Coordinator meets to discuss with the Planning Team when a potential need for a home modification is identified by:
 - The Responsible Person;
 - The District Nurse;
 - A report from a physical/occupational therapist;
 - The Support Coordinator receiving a prescription for a specific home modification prior to a home modification assessment being completed; or
 - Any individual who is part of the Member's Planning Team.
- When the SC receives a request for a home modification from a member of the Planning Team other than the Responsible Person, the SC will discuss the need for a modification with the Responsible Person and follow the process outlined in the Division Policy 1240-I Home Modifications and the CSC-007 Procedure

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Request for a Home Modification Assessment

- The Support Coordinator (SC) and Planning Team must only identify the need for a home modification assessment
- The Planning team nor the SC will not determine nor approve a specific home modification type
- The Support Coordinator advises the Responsible Person to obtain a prescription for a “Home Modification Assessment” when the Planning Team identifies a need for an assessment
- The Responsible Person obtains a prescription for a “Home Modification Assessment” from the Member’s Primary Care Physician or attending Physician
 - The prescription must only be written for a “Home Modification Assessment” and not for any specific modification type
 - The following slide will provide more information on what is considered a valid prescription
- The Responsible Person returns the prescription to the SC upon return from the Primary Care Physician or attending Physician

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Valid Prescription for a “Home Modification Assessment”

To be considered valid, the order (prescription-referral) must meet all of the following requirements:

- The order must:
 - Only describe the requested service of a “Home Modification Assessment”
 - Specify 1 unit as the number of evaluation units (amount)
 - Include the legible full name or NPI number of the ordering provider (prescriber)
 - Include the ordering provider’s signature (an electronic or handwritten signature is acceptable)
 - Include the date it was written (date of the order)
- The ordering prescriber must be registered with AHCCCS to satisfy the AHCCCS ROPA requirements
- The order must be issued by an appropriate licensed provider, such as:
 - The member’s Primary Care Provider (PCP) or attending physician, or
 - A Medical Doctor (MD), Doctor of Osteopathy (DO), Physician Assistant (PA), or Nurse Practitioner (NP)

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In-valid Prescription for a “Home Modification Assessment”

An invalid order (prescription-referral) that does not meet the requirements are:

- Documentation within a note, would not be considered an order or a prescription
- The language “Home Modifications” or “Home Modification Assessment” written within a:
 - Treatment Plan
 - Plan of Care
 - Letter of Medical Necessity or Letter from a Physician

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Request for a Home Modification Assessment

The Support Coordinator must **within three calendar days** from the date of receiving the valid prescription for the Home Modification Assessment from the Responsible Person:

- Completes the Home Modifications Service Referral and Request form (DDD-0211A)
- Submit the (DDD-0211A) and the valid prescription for the Home Modification Assessment to the Home Modification Unit
- Notifies the Home Modification Unit when the family needs an interpreter to attend the Home Modification Assessment and indicates the family's preferred language or ASL in the content of the email

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Processing the Referral and Scheduling the Assessment

The Home Modification Unit's Program Project Specialist checks the DDD Home Modification mailbox daily for incoming Home modification assessment referrals.

When both the referral and the valid prescription for the Home Modification Assessment are received from the Support Coordinator (SC):

- The referral, and prescription are logged in.
- An email is sent to the SC to acknowledge receipt of the referral and the prescription for the home modification assessment.
- The home modification assessment is scheduled to occur within 30-calendar days from the date the Home Modification Unit receives the prescription for the home modification assessment
- A calendar invitation is emailed to the Member's SC, SC Supervisor and the Home Modification Specialist assigned to complete the assessment
- The SC contacts the Responsible Person to confirm that the date and time of the assessment works for both the Member and the Responsible Person

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Scheduling the Assessment

The Support Coordinator, Member, and Responsible Person must be physically present during the home modification assessments.

- The SC must when either the Member or the Responsible Person are unable to attend the assessment:
 - Gets two alternate date/times that will work for the Member and the Responsible Person
 - Emails the two alternate dates/times to the Home Modification Unit
- The Home Modification Unit's Program Project Specialist will:
 - Reschedule the assessment and send out another calendar invitation with the alternate date/time, or the next available date/time based on the availability of the Home Modification Specialists' calendar
- The Home Modification Specialist, at the assessment, will advise the Responsible Person and the Support Coordinator on their next steps based on the outcome of the assessment

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National Core Indicators

Intellectual and Developmental Disabilities (NCI®-IDD)

What is NCI-DDD?

It is a joint effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI).

NCI began in 1997 and Arizona was one of the first 15 states to participate and has done so every year since.

NCI uses surveys and in-person interviews that allow them to collect and maintain valid and reliable data about the performance of State IDD systems and the outcomes experienced by individuals in the IDD system.

NCI publishes state specific and national reports based on findings.

<https://idd.nationalcoreindicators.org/>

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What Are the Surveys?

- In-person surveys
 - Members over age 18
- Three family surveys
 - Adult Family Survey (AFS)
 - Family Guardian Survey (FGS)
 - Child Family Survey (CFS)



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How Are Survey Respondents Selected?

- Random sample of DDD members receiving at least one home and community based service
 - In-Person Survey: 1200 adult members
 - Adult Family Survey: 1400 families of adult members living in the family home
 - Family Guardian Survey: 1400 families of members over age 18 who live outside the family home
 - Child Family Survey = 2000 families of members under age 18 living in the family home

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Who Conducts the Surveys?

Vital Research LLC (Vital) is the NCI-IDD Surveys vendor for Arizona.

Vital surveyors are scheduling and conducting In-Person Surveys.

All Family Surveys were mailed in January and must be returned to Vital by May 31, 2026 either by mail or completed online.

Responses for all surveys are anonymous.

- Vital surveyors input data into the NCI ODESA system, the responses are not returned to the Division.

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Why Is NCI Important?

Survey results measure member satisfaction with DDD programs and services.

Allows members and families to anonymously share their feedback about their experiences with DDD.

The DDD Strategic Plan includes goals and objectives related to improvements in NCI categories.

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Additional NCI Resources

- [What is NCI? video](#)
- ['What to Know About NCI' video](#)
- [Que Hay Que Saber de NCI](#)
- [NCI-IDD Peer Surveyor videos](#)
- [How Employment Goals Impact Job Outcomes for People with Disabilities*](#)
- [NCI-IDD website](#)
- [NCI Facebook page](#)

Inquiries, Survey Verification & Comments on all NCI surveys can be sent via email to NCISurveys@azdes.gov

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Budget Explanation



How does DDD submit its annual budget request?

- Initial budget is based on factors including:
 - Prior year's expenditures and trends
 - Membership growth projections
 - Service utilization projections for upcoming year
- Initial annual budget request is submitted by the Department of Economic Security (DES) in September of each year.
- DES includes the DDD budget request in its overall budget request which is submitted to the Governor's Office.
- The Governor's Office reviews the DES and all other state agency budget requests and creates an Executive Budget that is finalized in January.

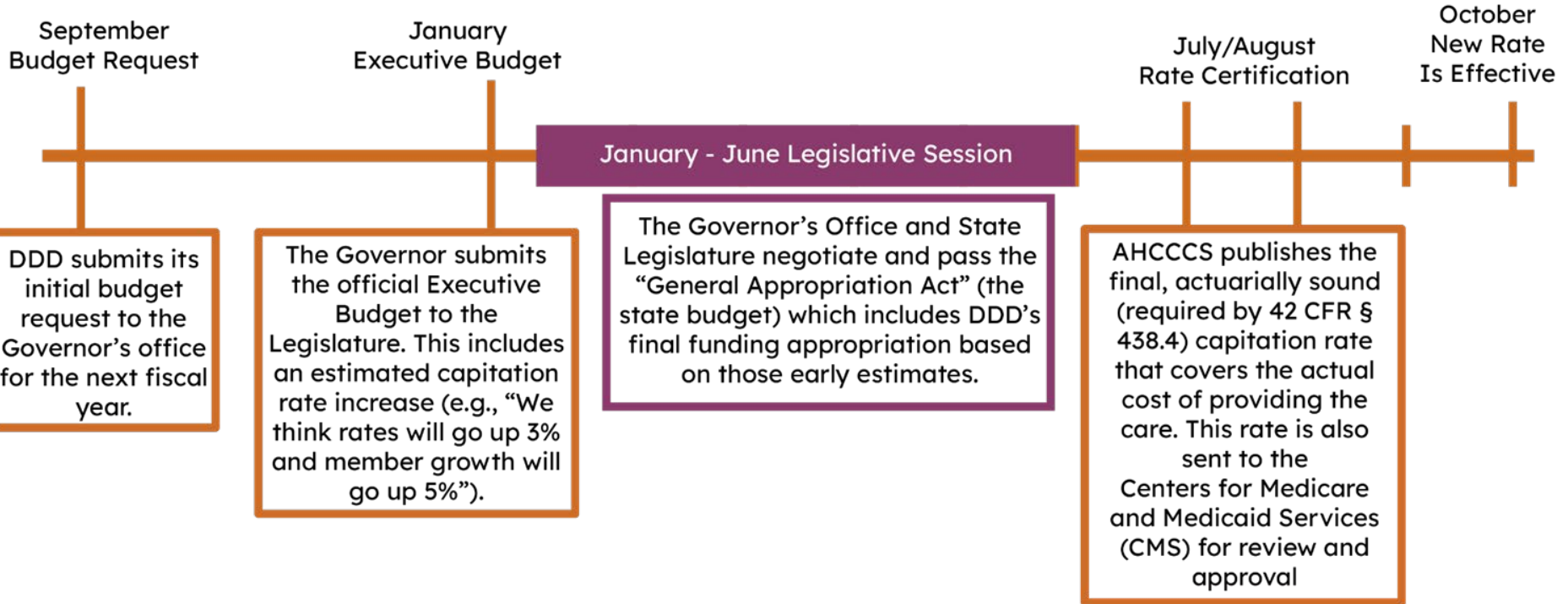
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How are DDD services funded?

- Capitation is a fixed, predetermined amount of money per member per month determined by AHCCCS actuaries.
- The capitation rate is funded through a mix of federal Medicaid dollars and Arizona general funds.
- The Federal Medical Assistance Percentage (FMAP) is a calculation done by the Centers for Medicare and Medicaid Services (CMS) to determine the state's share to receive federal funding.
- For federal fiscal year 2026, the FMAP is 64.34% so Arizona is responsible for paying 35.66% of the DDD ALTCS program cost.

Budget Timeline



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Why does DDD need supplemental funding in some years?

- DDD submits its estimated budget to the Governor's Office in September.
- The capitation rate is not finalized until the following August.
- The Governor and Legislature negotiate the budget in the spring, before the finalized capitation rates are set.
- Many factors can impact the Division's estimated need including when the capitation rate is higher than originally estimated due to increases in utilization of services or if there are membership growth increases beyond what was projected.
- In instances like these, supplemental funding is needed to ensure claims for service delivery and other expenses can continue to be paid.

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HCBS Needs Tool and Extraordinary Care Review Status

AHCCCS continues to review public comments they received in November when the HCBS Needs Tool and Extraordinary Care Review policy were published for public comment.

The Division does not have an ETA on when that review may be completed.

Once the documents are published the Division will need time to implement the revised tool and develop its own Extraordinary Care Review policy.

The Division will also train staff on changes that have been made.

Support Coordinators continue conducting meetings on their normal cadence.

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Thank you
Next Town Hall
March 5, 2026