



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Division of Developmental Disabilities
June 2, 2022

Agenda

- COVID-19 Updates
- Federal Public Health Emergency Flexibilities
- American Rescue Plan Act Workforce Development Payments
- House Bill 2113
- Announcements
- Article 9 and Behavior Supports Manual
- Self Help for Caregivers

If you joined late, click the interpretation button at the bottom of your Zoom screen and select English or Spanish to hear the meeting.

Si se unió tarde, haga clic en el botón de interpretación en la parte inferior de su pantalla Zoom y seleccione inglés o español para escuchar la reunión.

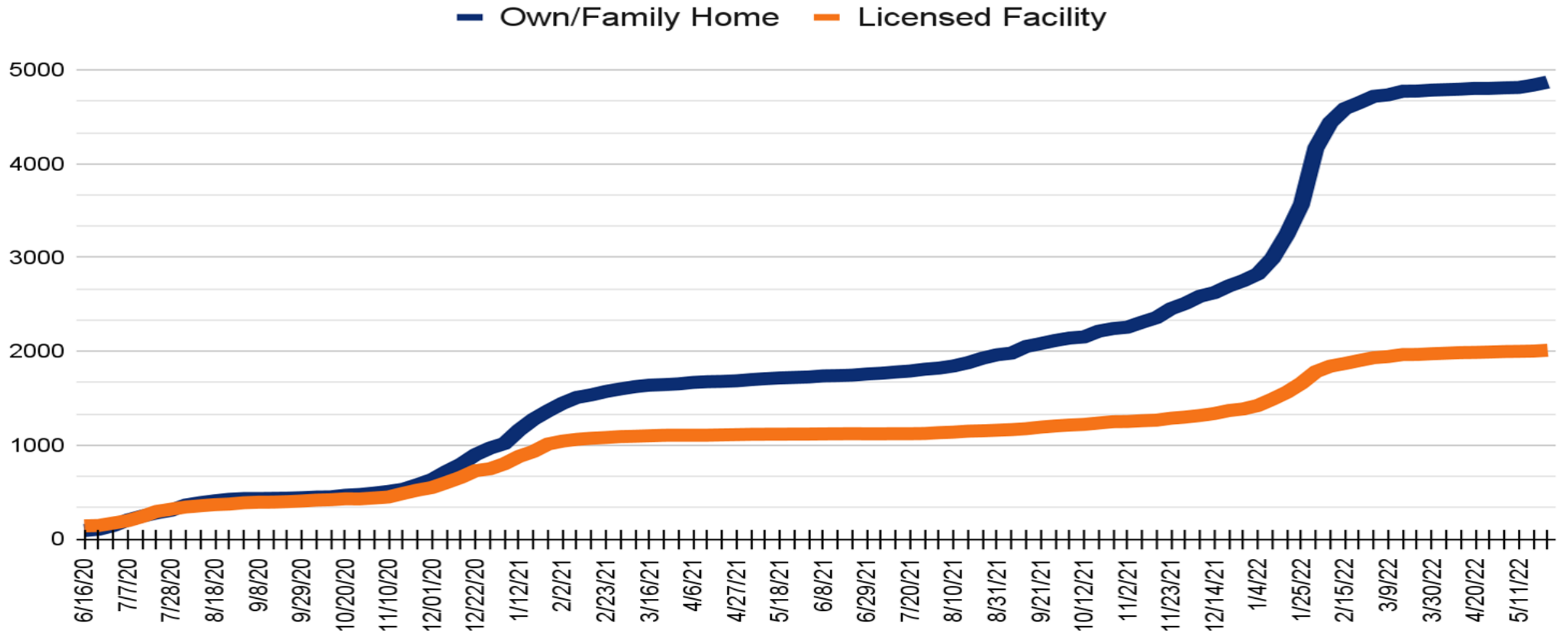
DDD's top priority is the health and safety of our members, their families, and the professionals in our program that support them

The Division of Developmental Disabilities (DDD) is:

- Working with ADHS and CDC guidelines to ensure appropriate measures are in place to allow for the continuation of necessary services
- Monitoring service delivery and availability to ensure service continuation
- Providing regular updates on the DDD COVID-19 Website:
https://bit.ly/DDD_COVID19Actions

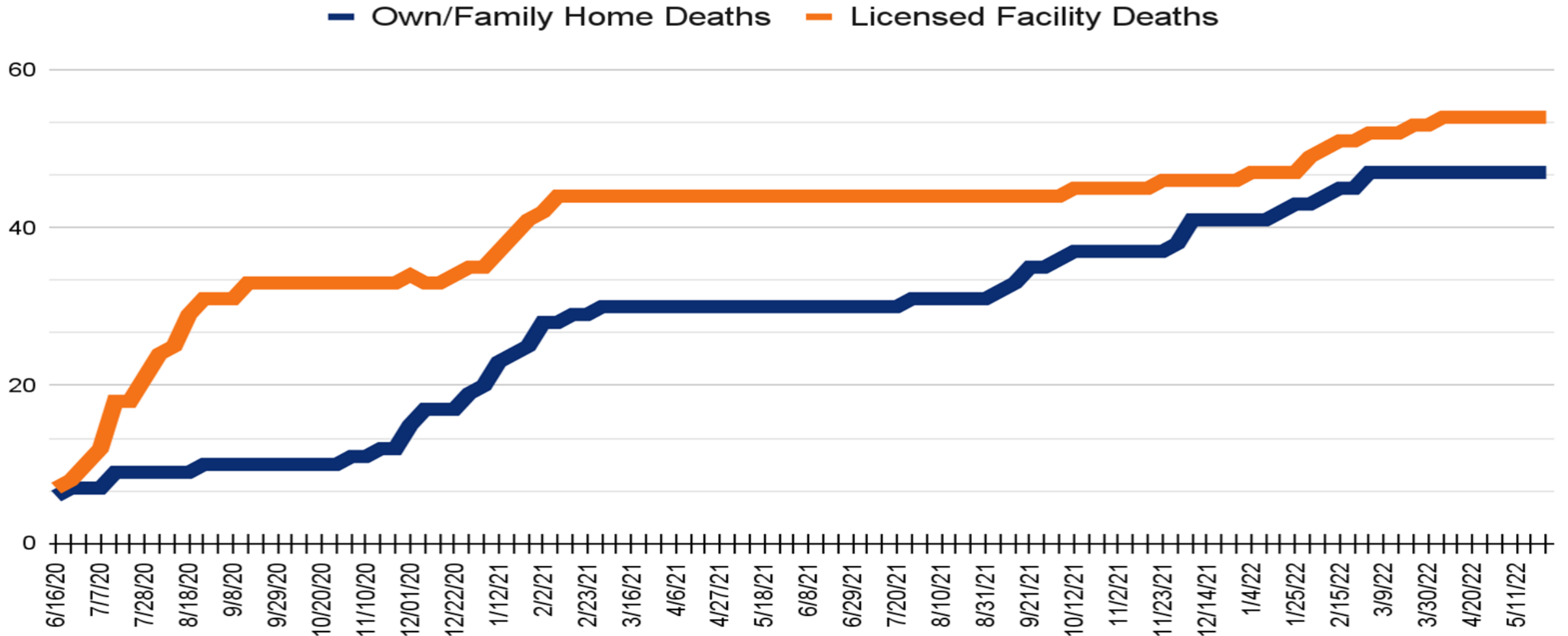
COVID-19 Member Positive Tests

Member Positive Cases - Own/Family Home & Licensed Facilities



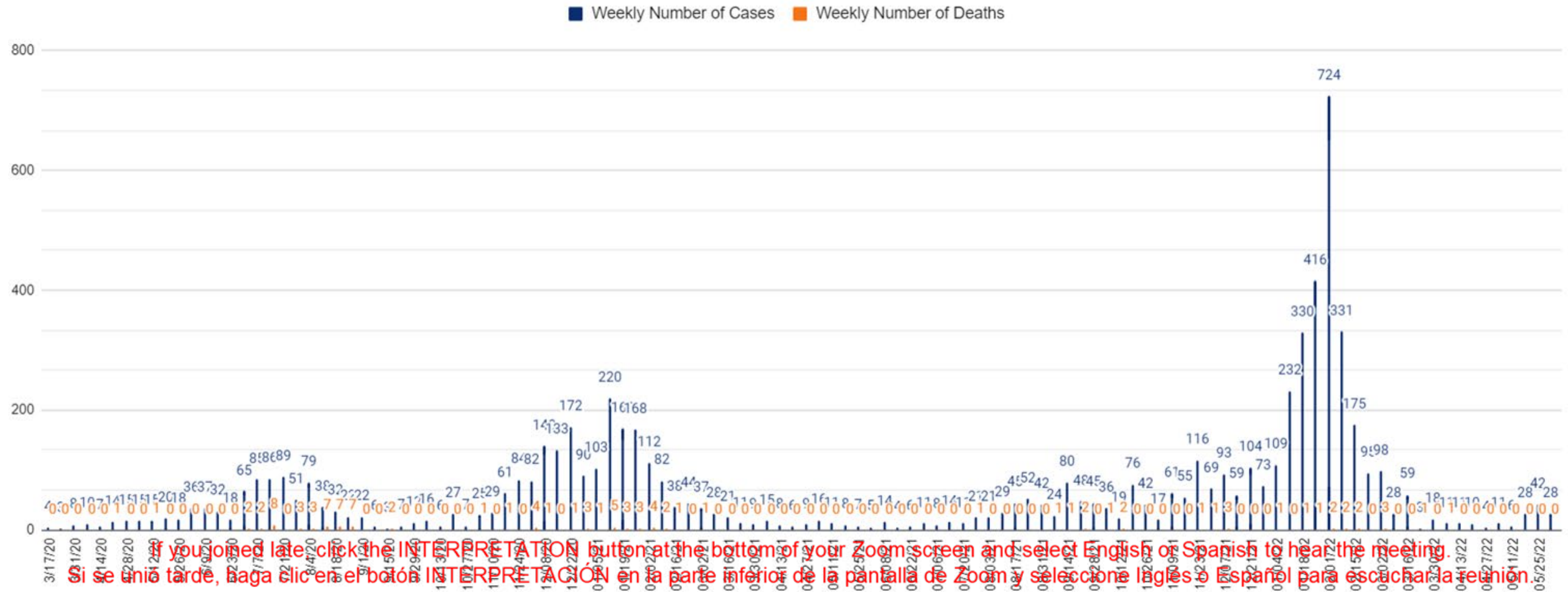
COVID-19 Member Mortality

Member Deaths - Own/Family Home & Licensed Facilities



COVID-19 Member Weekly Data

Member Positive Cases and Deaths Reported Each Week



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COVID-19 Updates

The Secretary of Health and Human Services extended the COVID-19 federal public health emergency (PHE) effective April 16, 2022.

These service flexibilities continue to be available since the Federal PHE has been extended until at least July 16, 2022.

- Parents as Paid Caregivers providing direct care to minor children.
 - AHCCCS has published a [Frequently Asked Questions](#) document
- Virtual supervisory visits of Direct Care Workers.
- Home delivered meals.
- Services to support remote learning.

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American Rescue Plan Act (ARPA) Spending Plan

In March 2022, the Division Announced Initial One-Time Funding Workforce Development Direct Payments

- AHCCCS received federal approval to allocate one-time funding to recruit and retain a knowledgeable and well-trained workforce as part of its spending plan submission.
- Division has completed the first round of payments and next one will be distributed in June and July of 2022.
- Qualified Vendors attest that they will distribute a minimum of 80% of the ARPA Directed Payments to direct support professionals and their direct supervisors.
- The remaining 20% of the ARPA Directed Payments do not have any requirements and can be used for expenses related to upcoming system enhancement and implementations.

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Arizona House Bill (HB) 2113

Signed by Governor Ducey on March 30, 2022

- Adds Down Syndrome as a qualifying diagnosis for DDD eligibility
- Implementation date will be 90-days after the Legislative session
- DDD is working internally to:
 - Address documentation changes and how eligibility will be determined.
 - Update all documents, forms, brochures, policies, etc.

Announcements

Employment Support Aid Service Specification Public Comment

988 Implementation coming July 2022

- 988 will connect individuals with crisis services, similar to how 911 connects individuals to emergency services.
- 988 will not work until July.

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Announcements

Policy Public Comments

- <https://bit.ly/ddd-policy>
- [Register to receive policy updates via email](#)

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Announcements

Volunteers Needed

- Independent Oversight Committee (1 in each District)
- Program Review Committee (1 in each District)
- Developmental Disabilities Advisory Council (appointed by the Governor)
- Contact the DDD Volunteer coordinator at dddvolunteers@azdes.gov if interested.

National Core Indicators Surveys

- The Division encourages all families who received a survey in the mail from National Core Indicators to complete and return the survey.
- Responses help DDD improve services for members.
- **June 30, 2022** is the last day to submit surveys

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Questions?



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Article 9 and Behavior Supports Manual Updates 2022

Mary DeCarlo, M.Ed., BCBA, LBA Senior Program Development Manager

Article 9

- Article 9 was last revised in 1994.
 - Article 9 is a state regulation and rule that outlines the rights of members with developmental disabilities, and approved behavioral intervention techniques. It further outlines requirements for behavior plans and monitoring for DDD members who reside in licensed residential settings or who have restricted techniques as part of their behavior plan.
 - The changes were necessary to accommodate the DDD's transition to the MCO for not only DDD services, but those of Behavior Health Services and Arizona Long-Term Care Services.
 - Language was updated to reflect current practice and clarifying language to better demonstrate compliance w/ AHCCCS requirements.
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Article 9 Revision Timeline

- 2016 - Article 9 draft started.
 - 2020 - Article 9 draft completed.
 - April 2021 - Article 9 was posted for public comment.
 - May 2021 - Article 9 public hearing. DDD received substantive comment and had several meetings to determine next steps.
 - June 2021 - A communication was sent to all of DDD informing them of supplemental rule making process.
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Article 9 Revision Timeline

- July 2021 - Supplemental Rules Making process initiated.
 - Workgroup was established with internal/external stakeholders which included participation from IOC, NASDDDS, Provider representatives, and others
 - August 2021 - Article 9 Workgroup finished.
 - October 2021 - Revisions to the behavior supports manual began. The group met weekly.
 - February 2022 - Behavior Supports Manual finished.
 - February 2022 - Article 9 was approved by DES leadership.
 - May 13, 2022 - Both Article 9 and the Behavior Supports Manual posted for Public Comment.
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Article 9 Overview

RULE SECTION	EXPLANATION
R6-6-901	Definitions section added to the rule to provide guidance for where the terms used in the rule are defined and in many cases to define the terms within the rule. Concurrent all defined terms have their first letter capitalized throughout the rule.
R6-6-902	Was the original R6-6-901. Moved down due to the addition of the Definitions section. This section had the original language struck and new language added to clarify the settings where Article 9 applies and distinguish specific settings which may be funded in part by the Division due to growth in the Divisions purview but that are not subject to Article 9 such as dental service, certain behavioral health services, and certain types of medical care where many of the preclusions, particularly surrounding medication, would not be feasible or appropriate.

Article 9 Overview

RULE SECTION	EXPLANATION
R6-6-903	Was the original R6-6-902. Moved down due to the addition of the Definitions Section. Original language removed and section made solely into details of what a Service Provider is not allowed to do related to a member. Information for items that may be used if approved by the PRC were moved to new section R6-6-904. The use of PRN medication was added to the list as something a Service Provider may not use. The original R6-6-903 was moved to R6-6-906.
R6-6-904	A new section added to the rule that takes information from the original R6-6-902 related to techniques that may be used as a part of a Behavior Plan (Restricted Techniques). Also draws in information from the original R6-6-906 which detailed techniques the PRC could approve.

Article 9 Overview

RULE SECTION	EXPLANATION
R-6-905	Was the original R6-6-904. Moved down due to the addition of the Definitions Section. Modifies language to to Planning Team instead of ISPP team and better and more clearly details the responsibilities of the Planning Team in the overall process of the Behavioral Plan.
R6-6-906	Was originally R6-6-903. Moved here for better flow within the overall Behavior Plan process. Moved the requirements for the ISPP Team to R6-6-905. Moved criteria for restricted techniques to R6-6-904. Adjusted the required composition of the PRC to reflect both more current language as well as to include other parties such as the IOC that are integral to the Behavior Plan process. Clarified the duties of the PRC and expanded on expected time frames as well as on how provisional approvals are handled.

Article 9 Overview

RULE SECTION	EXPLANATION
R6-6-907	Was originally R6-6--905. Moved due to adding of new sections above. Expanded on and provided more specificity to the expectations for how a Behavior Plan is implemented and monitored for efficacy.
R6-6-908	Was originally R6-6-906. Moved due to adding new sections above. This section was refocused specifically at Service Providers and the regulations placed on them related to training. Requirements for DDD staff in general were removed and added to policy as the more appropriate setting for detailing the requirements for state employees. Division staff who provide direct services to members are still captured in the definition of Service Provider and still subject to these training requirements. The training requirements were clarified from what was in the original rule.

Article 9 Overview

RULE SECTION	EXPLANATION
R6-6-909	Was originally R6-6-907. Moved due to adding new sections above. Clarified actions the Division can legally take in regards to Service Providers for non-compliance with Article 9 and removed language that would be the responsibility of the contracted Service Provider to make a determination related to but the Division cannot require such as the termination of an employee.

Article 9 Overview

RULE SECTION	EXPLANATION
R6-6-910	<p>Was originally R6-6-908. Moved due to adding new sections above. Changes to this section were primarily clarifying and modernizing wording. Removed the allowance of Emergency Measures usage to prevent the destruction of property as this was deemed in and of itself not to be a danger for the member or another individual. Added criteria that only persons trained in specific interventions can implement Emergency Measures. Clarified into reasonable time frames the reporting of the use of an Emergency Measure to the Division and Responsible Person. Inserted requirements for the convening of a Planning Team meeting following the use of an Emergency Measure to assess the Behavior Plan or the need for a Behavior Plan.</p>

Article 9 Overview

RULE SECTION	EXPLANATION
R6-6-911	Clarifies that the prescription and administration of a psychotropic medication for a member must be linked to meeting goals in the Planning Document. Permits the use of psychotropic medications outside of a Behavior Plan if approved by the Division. This would be in situations where the psychotropic medication is not being prescribed for a situation that would require a Behavior Plan but is still deemed medically necessary. This will be clarified in policy. Adds a required notification to the PRC if Psychotropic Medication is increased or introduced for a Member.

Article 9 Public Comment

The full new version can be viewed at https://apps.azsos.gov/public_services/register/2022/19/contents.pdf.

Comments may be submitted by filling out the [comment form](#) on the DES website. In addition, written comments may be submitted via email, rules@azdes.gov, or by mailing them to:

Arizona Department of Economic Security

ATTN: Rules Unit

P.O. Box 6123, Mail Drop 111G

Phoenix, AZ 85007

Written comments are due by 5:00 p.m. Mountain Standard Time on Monday, June 13, 2022. Written comments sent via mail must be postmarked by Monday, June 13, 2022. All written comments should include the name and email address of the person providing comments as well as the name of any organization that person represents.

Article 9 Oral Proceeding

The Department will host a virtual oral proceeding on Monday, June 13, 2022 from 1:00 - 3:00 p.m. Participants can join:

- By Internet: <https://meet.google.com/axr-vkgj-mfr>
- By Phone: (US) +1 916-750-1619 PIN: 523 784 897#



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Behavior Supports Manual Overview

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
100 - Definition and Applicability	901 - Definitions and Guiding Principles	<ul style="list-style-type: none"><li data-bbox="1625 439 2390 529">● All chapters renumbered to align with the specific sections of Article 9.<li data-bbox="1625 572 2244 765">● Definitions section expanded to include definitions located in the article and found throughout the Behavior Supports Manual.<li data-bbox="1625 808 2283 1001">● “Guiding Principles” section added-overview of positive behavior support, person centered planning process, and behavior.

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
200- Prohibitions	902- Applicability	<ul style="list-style-type: none">● Applicability to DDD funded programs● Exceptions for BH/Medical Providers* unless services are being delivered in DD Setting
300-Violations	903- Prohibitions	<p>Outlines prohibited techniques.</p> <ul style="list-style-type: none">● Expanded types and definitions of techniques that are prohibited.

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
400- Program Review Committee	904- Restricted Techniques	<ul style="list-style-type: none">● New Chapter- outlines restricted techniques and procedures.● New language/information added regarding rights restrictions, enhanced staffing ratios due to behavior, electronic monitoring (global positioning systems (GPS) for elopement, restitution (will retire current chapter), protective device requirements

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
500 - Individual Support Plan Team	905 - Planning Team Responsibilities	<ul style="list-style-type: none"><li data-bbox="1625 446 2221 639">● Outlines the need for a behavior plan, planning team responsibilities with regard to submission of the plan<li data-bbox="1625 682 2201 772">● Coordination between BH Providers, Residential Agencies

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
600- Restitution	906 - Program Review Committee	<ul style="list-style-type: none">● Panel Composition and quorum● Responsibilities of the PRC● Approvals, Disapprovals, Required Changes● Requesting an Emergency PRC Review● Sending finalized, approved complete BP to members team

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
700 - Behavior Modifying Medications, Monitoring Behavior Modifying Medications, and Treatment Plans	907 - Behavior Plans	<ul style="list-style-type: none">● Separated out policies.● Required Components and PRC Forms● PRC approval, monitoring fidelity of behavior plans, renewal criteria, Writing Behavior Plans

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
800 - Reserved	908 - Training	Article 9 <ul style="list-style-type: none">● Prevention and Support● Instructor Requirements● Training document retention requirements
900 - Emergency Measures and Physical Management Techniques	909 - Sanctions	<ul style="list-style-type: none">● Language from Article 9 on sanctions for Vendors

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
N/A	910 - Emergency Measures	<ul style="list-style-type: none">● Definitions of Emergency Measures<ul style="list-style-type: none">○ Physical Intervention○ One time use of medication○ Police/Crisis Contact● Prevention and Support● Authorization for nationally recognized systems of Physical Intervention● Prohibited physical management techniques● Reporting requirements

Summary of Policy Changes

Current Chapter	Revised Chapter	Summary of Changes
N/A	911 - Psychotropic Medications	<ul style="list-style-type: none">● Monitoring for side effects/ AIMS screening/ Metabolic Syndrome● Informed Consent● Exception criteria for the PRC review process

Behavior Supports Manual Public Comment

Public comments for the Behavior Supports Policy Manual are closing June 13, 2022. Comments must be received no later than June 13, 2022, 11:59 PM, Arizona time.

Instructions: (Complete instructions are located on the Division's [webpage](#))

- The policy may be viewed by clicking [here](#).
- Comments may be submitted online by clicking [here](#).
- Use the line numbers to reference specific comments.
- Do not include any information that you consider confidential or inappropriate for public disclosure.

Susanne Arnold, Ph.D.
Behavioral Health Administrator



Self-Care and Resilience Strategies For Caregivers

Introduction to Dr. Arnold & the DDD Behavioral Health Administration

Our team includes:

- Christina Underwood, MD, Medical Director/ Psychiatrist
- Susanne Arnold, PhD, BH Administrator /Psychologist
- 3 Board Certified Behavioral Analyst (BCBA)
- 2 Behavioral Health Managers/Part-time Performance Improvement Manager
- 8 District Behavioral Health Complex Care Specialists
- District Program Review Committee (PRC) Chairs & Administrative Assistants

Our team is available to assist Support Coordinators in coordinating behavioral health services!

Building Your Resilience

During the course of our life, we all face hardships, stress, and sometimes traumatic events. But you're not powerless.

Here is a roadmap with tools that can help with coping. You may find that you emerge from difficult times even stronger than before!

Source: American Psychological Association

<https://www.apa.org/topics/resilience>



A photograph of a winding asphalt road through a hilly, grassy landscape. The road curves through the hills, which are covered in dry, golden-brown grass. The sky is clear and blue. The road has white lane markings and a small signpost on the left side.

What is Resilience?

All lives have hills, valleys, twists, and turns.

Mental health professionals describe resilience as the process of adapting well or coping with hardship and stress - such as health problems, relationship or family problems, job/financial stress and stresses that may be involved in caregiving.

Having some tools and ideas for coping can help an individual “bounce back” from these difficult experiences and even grow as a person who has new gifts to offer the world.

What Resilience Isn't

Being resilient doesn't mean that every day is easy. In fact, the road to resilience is likely to involve some ups and downs.

Resilience isn't a personality trait that only some people have.

- Resilience involves behaviors, thoughts, and actions that anyone can learn and develop.
- Like building a habit or a muscle, increasing your resilience takes time and practice.



Four Components of Resilience

- Connection
- Wellness
- Healthy thinking
- Meaning

Connections

Relationships/Social Support is Important

Stress or difficult circumstances can lead some people to isolate themselves, but connections with others can help a person feel better.



A Great Song to Remember

Make new friends,
But keep the old.
One is silver,
And the other, gold.



Gold

Ideas for Connecting With Old Friends

- Make a list of friends and family members you haven't spoken to in a while. Give them a call. It just may brighten their day. If you live close enough, find a way to get together. If you feel more comfortable with social distancing, maybe an early morning or evening get together outside would work.
- If you can't get together, can you connect online with video (zoom, skype, facetime)? Can you play online games together like Words with Friends?

Silver

Ideas for Making New Friends

Join a group or club. Find a local group where people with interests like yours meet regularly. Try a book club, religious group, parent meetup, [music](#) group, or biking group.

Take a class. Sign up for a class at your local college, senior center, or gym. Learn Italian, dancing, or a new card game. When the topic interests you, you're likely to find people who share your passion.

Look locally. You may be surprised by how many events are happening right in your community. Look in your local newspaper or community bulletin boards. Go online for neighborhood listings. Search the name of your city plus the words "social network" or "meetups."

Volunteer. People who work together often form strong connections. Meet people by volunteering with a community center, charitable group, hospital, museum, or place of worship.

Join a social circle. One of the easiest ways to meet people is to surround yourself with people who have large friend groups of their own. You may already have people in your life who have a lot of friends. Join them when they invite you out. Ask for introductions. Take the first step and start a conversation with someone new.

- **Source: WebMD**

Wellness



Taking Care of You Body

- Are you drinking enough water?
- Are you finding enough time to sleep and nap?
- How can you eat healthier foods?
- What kind of exercise do you enjoy?

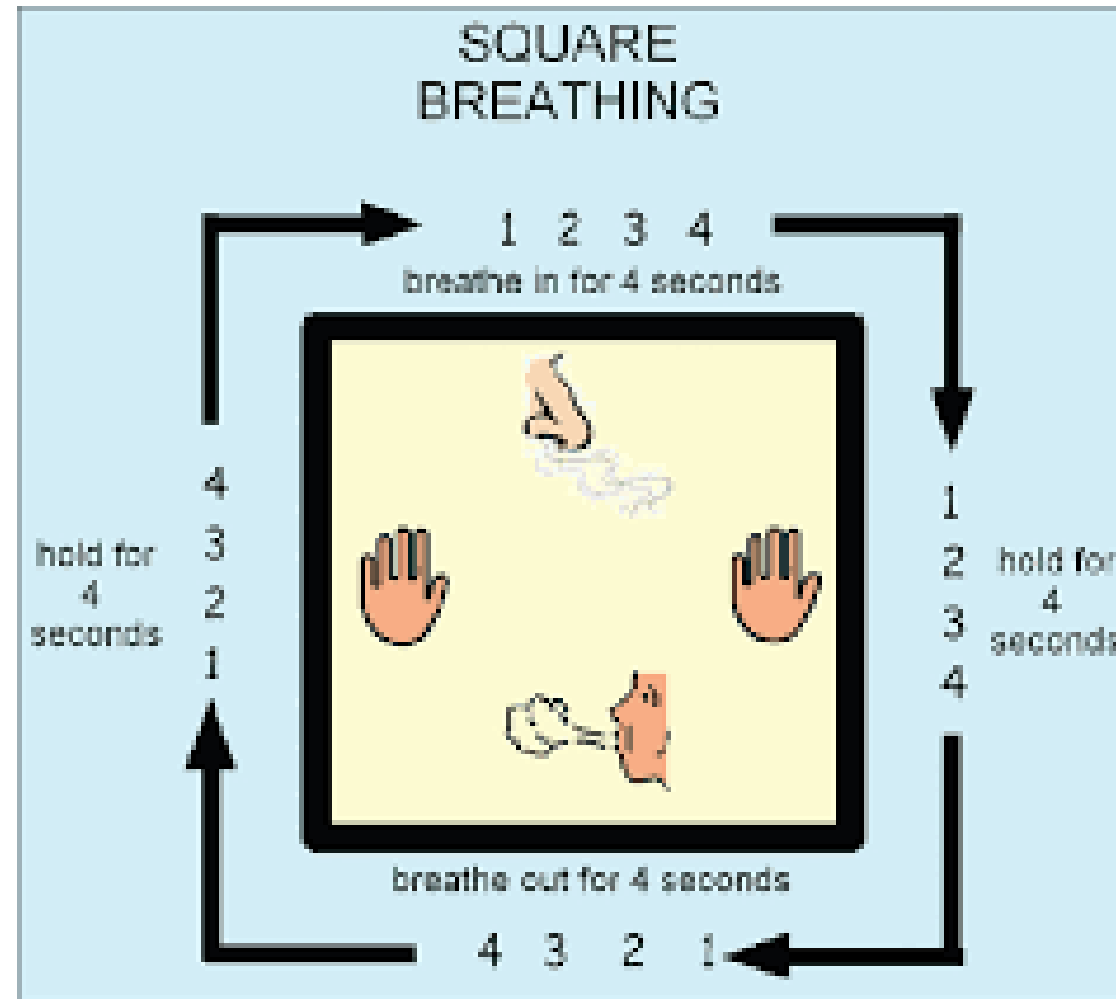
Walking, calisthenics, yoga, swimming, water aerobics, counting “steps”, tai chi, dancing, sports, so many choices for feeling better and enjoyment.



Wellness

- **Practice mindfulness.** Mindful journaling, yoga, and other spiritual practices like prayer or meditation can also help people build connections and restore hope. When you journal, meditate, or pray, focus on positive aspects of your life and recall the things you're grateful for, even during personal trials.
- **Avoid negative outlets.** It may be tempting to mask your pain with alcohol, drugs, or other substances (stress eating), but can add problems rather than reducing them.

Four Square Breathing



Healthy Thinking

Try practicing positive thinking. Notice when you are feeling sad, angry, or nervous. Feeling these feelings for long periods of time doesn't actually change the circumstances, you just feel worse.

- For every negative thought, try to think of 3 positive thoughts.
- Ask yourself - Is there a different way of thinking about this situation that feels better?
- Could this situation be temporary? Are there reasons for feeling hope?
- Remind yourself that you have solved many problems in the past and you can likely find a solution to this one. What strategies helped before?

Accept change. You may not have wanted the change or felt prepared for it, but we have to admit that change is a natural part of life.

Maintain a hopeful outlook. Try visualizing what you want, rather than worrying about what you fear.



Meaning

Help others. Whether you volunteer with a local homeless shelter or simply support a friend in their own time of need, you can garner a sense of purpose, foster self-worth, connect with other people, and tangibly help others, all of which can empower you to grow in resilience.



Meaning



Be proactive. Ask yourself - What can I do about this problem in my life? If you're not sure, you may get some ideas from a trusted friend or family member or try Counseling or Family Support Services. Remember - It's ok to take small steps rather than tackling is all at once.

Please note - If you or your family member are enrolled in an AHCCCS health plan, counseling (with or without your family member in the session) and Family Support are covered behavioral health services. Ask your Support Coordinator for more information or call the Customer Service phone number on your health insurance card.

More Information on Family Support Services

Family Support Services are people with “lived experience” that are available to assist the family. Family Support Services can help with:

- Connecting with others through groups or one-on-one support.
- Better understanding mental health or substance use disorders.
- Learning about and navigating the public health system.
- Learning to develop coping, self-care, and advocacy skills.
- Long term care planning for both the individual and family

Arizona Warm Lines

Peer support specialists can relate to behavioral health situations because many have been through similar experiences. Peers offer peer support and compassion for callers who just need someone to talk with.

Central Arizona	Crisis Response Network Warm Line	(602) 347-1100	10 am - 10 pm 7 days a week (some hold time when at high volume)
All of Arizona including Northern Arizona	NAZCARE Warm Line	1 (888) 404-5530	4 pm - 10:30 pm Monday - Thursday 3 pm - 10:30 pm Friday - Sunday Open Everyday (recorded message asks for name and number and staff will return call)
Southern Arizona - Pima County	HOPE, Inc Warm Line	(844) 733-9912	8 am - 10 pm 7 days a week (recorded message: can hold or leave VM requesting call back)
Southern Arizona - other counties	HOPE, Inc Warm Line	1 (877) 770-9912	8 am - 10 pm 7 days a week (recorded message: can hold or leave VM requesting call back)

Arizona's Crisis Services

Arizona has a robust behavioral health crisis services network available to any Arizona resident regardless of health insurance coverage.

Services include:

- 24/7/365 crisis telephone lines operated by trained crisis specialists.
- 24/7 mobile teams staffed by behavioral health professionals who travel to the individual experiencing a crisis and provide assessment, stabilization and may triage the individual to a higher level of care, as appropriate.
- Facility-based crisis stabilization centers that offer crisis stabilization and observation, including access to Medication Assisted Treatment.

Crisis Hotlines by County and Tribal Nation

- Counties - Apache, Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz, and Yuma: [1-866-495-6735](tel:1-866-495-6735)
- Counties - Coconino, Gila, Mohave, Navajo, Yavapai: [1-877-756-4090](tel:1-877-756-4090)
- County – Maricopa: [1-800-631-1314](tel:1-800-631-1314)
- Ak-Chin and Gila River Indian Community: [1-800-259-3449](tel:1-800-259-3449)
- Salt River Pima Maricopa Indian Community: [1-855-331-6432](tel:1-855-331-6432)
- Tohono O’odham Nation: [1-844-423-8759](tel:1-844-423-8759)



Inspiration



Wildflowers are the loveliest of all because they grow in uncultivated soil, in those hard, rugged places where no one expects them to flourish. They are resilient in ways a garden bloom could never be. People are the same, the most exquisite souls are those who survive where others cannot. They root themselves, along with their companions, wherever they are, and they thrive.

— Micheline Ryckman