



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT ANNUAL REPORT



July 1, 2020 – June 30, 2021

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Our Mission:

The Department of Economic Security (DES) 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 DES 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:

Empowering Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives.

I. Introduction

In 1993, Family Support Legislation was passed that defined a family support program for people with developmental disabilities and their families, subject to funding appropriations. This legislation was developed in partnership with families, advocacy organizations, service providers and the Division of Developmental Disabilities (Division/DDD) who all recognized the importance of family support as a national initiative. The Division integrates the tenets of this legislation into all 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 the Division 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 have been placed out of the home;
- Include respite care, assistive technology, appropriate personal assistance services, parent training and counseling, home modifications, and assistance with extraordinary expenses associated with the needs of a person with a developmental disability; and
- Prevent inappropriate out-of-home placement.

II. Overview of the Division of Developmental Disabilities

As of June 30, 2021, DDD provides services and programs to 45,803 people 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 (5) geographic DDD districts within the state. They include District Central, District East, District North, District South and District West. While some services are delivered directly by the State, most services and supports 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;
3. Have at least one of four diagnoses, manifested before the age of eighteen (18) that is likely to continue indefinitely:
 - a. Autism - 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.

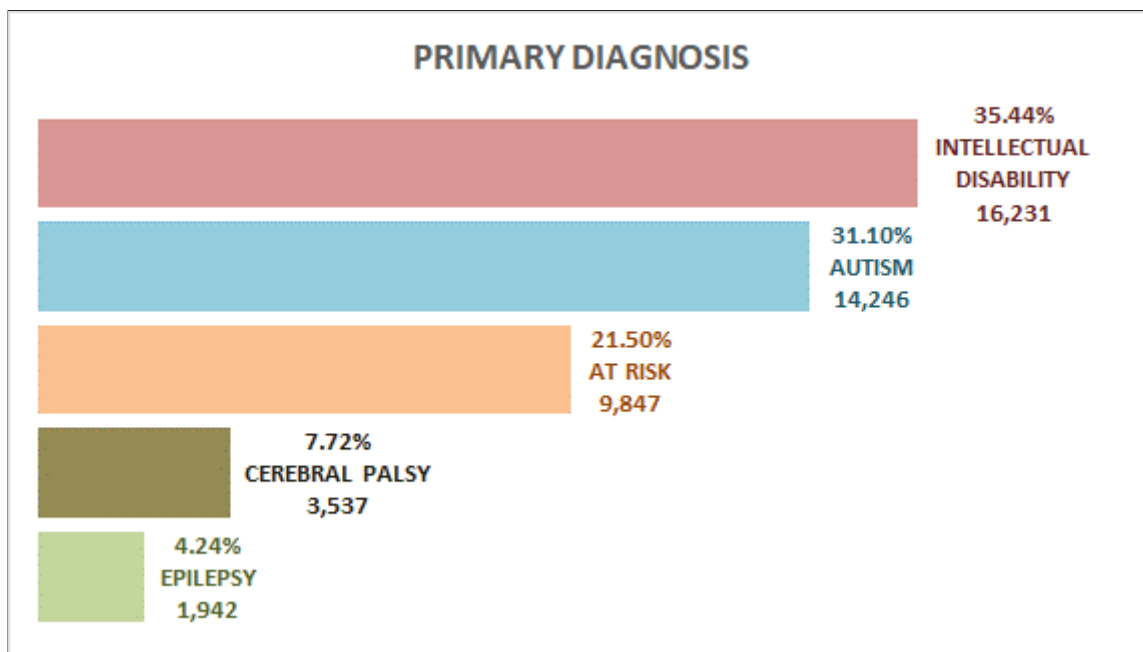
- d. Intellectual Disability - A condition that involves subaverage general intellectual functioning, that exists concurrently with deficits in adaptive behavior manifested before the age of eighteen (18) and that is sometimes referred to as cognitive disability.
4. Have substantial functional limitations in three or more of the following life areas that are directly attributable to the qualifying diagnosis:
- a. Self-Care: Needing help with eating, hygiene, dressing, using the bathroom, etc.;
 - b. Receptive and expressive language: Communicating with others;
 - c. Learning: Acquiring and processing new information;
 - d. Mobility: The skill necessary to move safely and efficiently from one location to another within the person's home, neighborhood, and community;
 - e. Self-Direction: Managing personal finances, protecting self-interest or making independent decisions which may affect the individual's well-being;
 - f. Capacity for independent living: Needing supervision or assistance on a daily basis; and
 - g. Economic Self-Sufficiency: Being financially independent.

Children ages three (3) to six (6) may be eligible for services through the DDD if they have one or more of the following developmental disabilities:

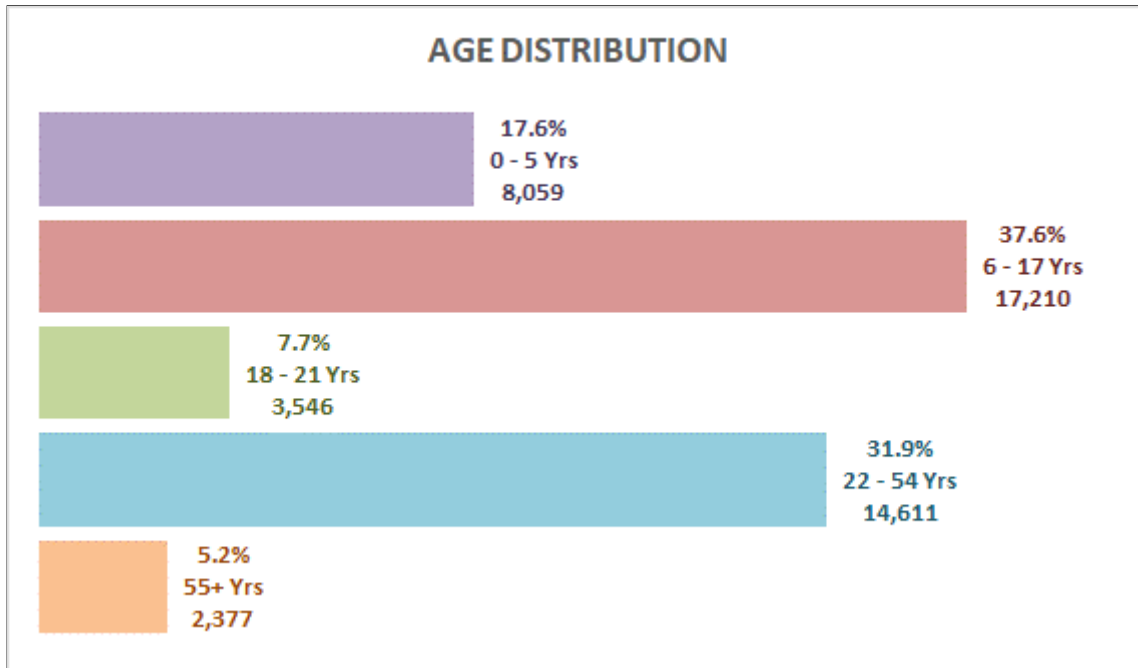
- Autism Spectrum Disorder
- Cerebral Palsy
- Intellectual (Cognitive) Disability
- Epilepsy
- Be at-risk for developing one of the (above) disabilities

For early intervention services eligibility, children age birth to three (3) 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, 2021:



The Division supports people of all ages. The following chart shows the breakdown of eligible members by age as of June 30, 2021:



The Division provides services through two primary funding sources:

- State general funds
- Medicaid

The Division 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

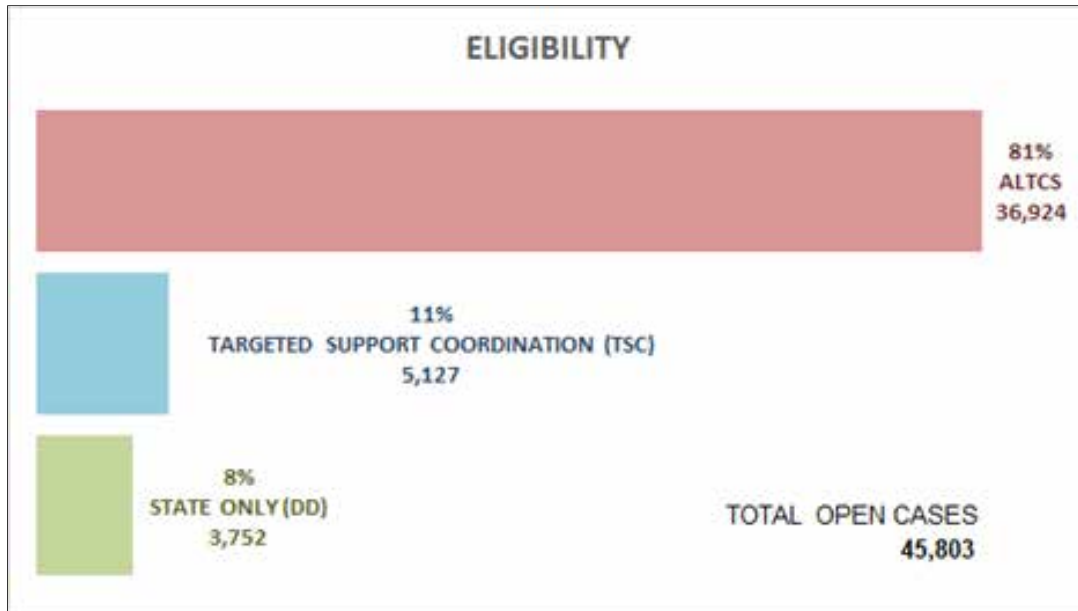
Individuals who meet DDD's eligibility criteria, receive state-funded services and are not to exceed DDD's legislative budget allowance. Children under the age of three (3) receive state-funded services outlined through the Individuals with Disabilities Education Act (IDEA) Part C requirements. The types of state-funded services provided are listed in Section III of this report.

TSC is an option for people who qualify for services through DDD and are eligible for Medicaid acute care through Arizona Health Care Cost Containment System (AHCCCS) but are not eligible for ALTCS. AHCCCS is the Medicaid agency for Arizona. AHCCCS determines if a member is qualified for the TSC Program. This option allows the member/responsible person to determine the frequency and type of contact he/she wants from DDD's Support Coordinator (case manager). TSC provides support to a member by helping identify community resources and coordinate 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 twenty (20) and under, Early and Periodic Screening, and Diagnosis 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 long-term care services, behavioral health services, and acute care services 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 is a 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 and a managed care approach are more cost-effective than placing members in institutions. Long-term care, behavioral health, and acute care 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, 2021:



DDD provides most of its services through a statewide network of for-profit and nonprofit agencies (qualified vendors), independent providers and specialty contractors. Services are based on a member's assessed needs, state and/or federal guidelines, and fund 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 person and family in order to develop a plan. Other roles are listed below:

1. Planning and Coordination
 - a. Identifies services based on assessed need;
 - b. Develops the Service Plan;
 - c. Makes sure members and families know the steps to report when services are not available or if there are problems;
 - d. Coordinates medical care, behavioral health, Children's Rehabilitative Services (CRS) and Long Term Care services; and
 - e. Reviews needs and updates the Service Plan as needed.
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. Assess, determine and approve 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;*
- **Attendant Care:** Help with personal care and housekeeping;*
- **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;*
- **Employment Services:** Center-based employment, group or individual-supported employment, career preparation and readiness, employment transition 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 and/or help the caregiver in completing activities of daily living for the member. The modifications support the member through living with more independence and thereby improving their quality of life;*
- **Habilitation:** Services like habilitative therapies, special developmental skills, behavioral treatment and sensory-motor development that helps increase the member's skills and functions;*
- **Health Plan Services (Physical and Behavioral Health and Children's Rehabilitative Services);**
- **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;*
- **Hospice:** Care for members who are terminally ill;
- **Residential Services (see Section IV);***
- **Therapies:** Occupational, physical and speech;*
- **Transportation:** For 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 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 in their communities with the support they need. Members may receive

support to live in the family home or live in one's own home or apartment. Other members may live in an adult developmental or child developmental home or reside in a small group home. When residential services are needed, the following options are offered:

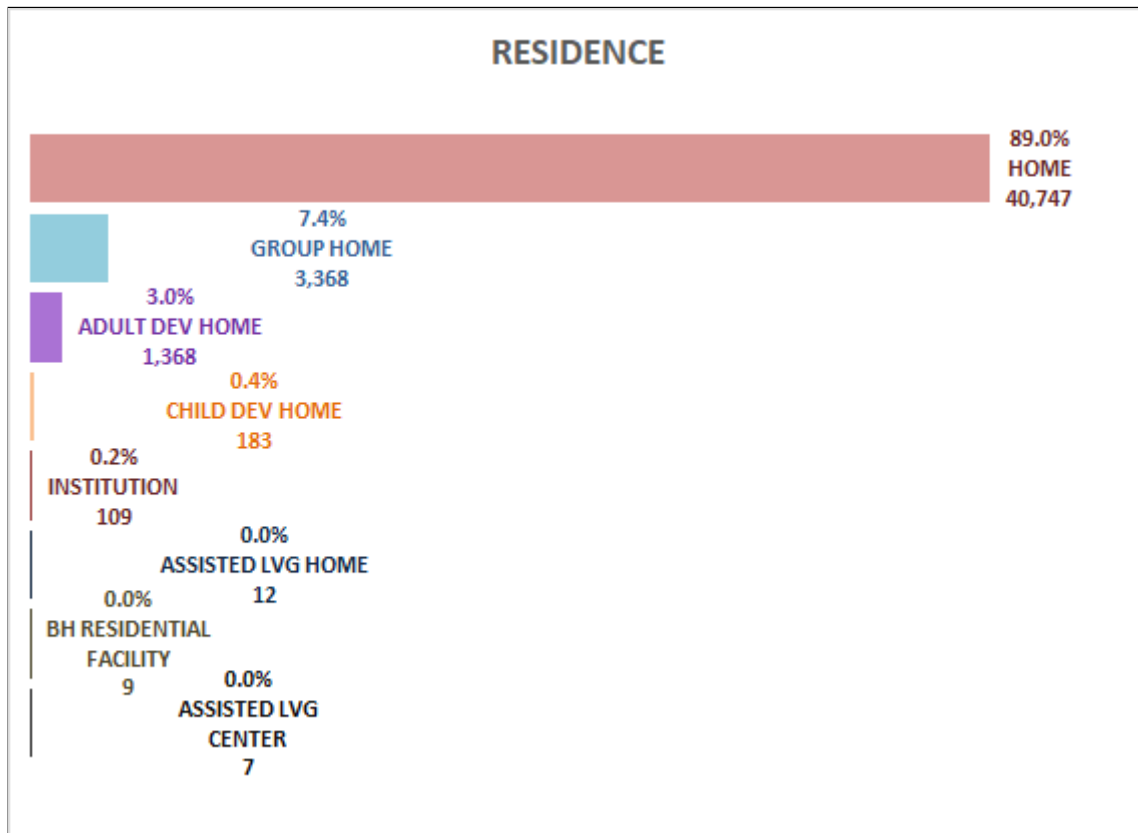
- **Individually Designed Living Arrangement:** This service gives members a different, non-licensed living situation for members to choose where and with whom they will live. Members assume all responsibility for their residence. Generally, one or more members reside together in a private residence that is leased or owned by the member(s) and/or the member(s) representative(s). The focus of this service is to give independent living and teaching supports (habilitation) to eligible members based on their collective need.
- **Adult Developmental Home:** A licensed, private home contracted with the Division 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. This includes children who have been legally determined dependent by the court and children who can benefit from briefly living away from home.
- **Group Home:** A residential setting in the community for up to six (6) people with developmental disabilities that provides supervision, habilitation, and room and board. The group home provides a safe and homelike atmosphere and meets the needs of members who cannot physically or functionally live independently in the community.
- **Group Home (Nursing Supported):** The focus of this type of group home is designed to meet the needs of members that require continuous nursing care or oversight. Nursing support is scheduled in this group home on a 24/7 basis.

Rarely does a person need more of an intensive residential setting. For those members, the following facilities may be used:

- **Assisted Living Centers:** The facility gives 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:
 - "Supervisory Care Services" means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.
 - "Direct Care Services" means programs and services, including personal care services provided to persons who are incapable of recognizing danger, summoning assistance, expressing need or making basic care decisions.
 - "Personal Care Services" means assistance with activities of daily living that can be performed by persons without professional skills or professional training and includes the coordination or provision of intermittent nursing services and the administration of medication and treatments by a nurse who is licensed.
- **Assisted Living Homes:** This service is similar to the Assisted Living Centers; however, this type of assisted living provides rooms and services to ten (10) or fewer residents.
- **Nursing Facility:** This is a Medicaid-certified facility. This facility offers skilled nursing care, residential care, and supervision to persons who need nursing services on a 24-hour basis but 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 (ICF/IID):** This facility offers health, habilitative and rehabilitative services to members who need them on a constant basis and would benefit from active treatment services.

The following chart shows the breakdown of eligible members by residence as of June 30, 2021:



V. Employment Options

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

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 in order to recommend best practices for supporting members in transition from school to work. Presentations on DDD Employment Services are made to the Special Education Units of School Districts and to community groups as requested. Three (3) 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.

The total number of ALTCS eligible members between the ages of sixteen (16) to sixty-five (65) in integrated employment in the community is 1,383 as of June 30, 2021:

Group Supported Employment	1,278
Individual Supported Employment	47
Employment Support Aid	58

The Division 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 contacts with the employed member and/or with their employer. It is intended to help the member develop specific on-the-job skills needed for successful employment. Job Search includes aid in matching the member with a community-integrated job. Job Search 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 actual supports provided will depend on the member's needs. It is the Division's expectation that this service will primarily be used 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
- **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 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 with little or no interaction with the general community. The goal is to improve skills, abilities and behaviors of members and encourage them to achieve their vocational goals. 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 the Division 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

Collaboration with Rehabilitation Services Administration/Vocational Rehabilitation

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

DDD and VR developed a joint presentation to foster better understanding and collaboration between Agency staff on a local level. The first DDD/VR Collaborative meeting with DDD Support Coordinators and VR Counselors was held in Yuma on June 17, 2021. This presentation provided important information to VR and DDD staff about how the agencies collaborate to support mutual members. Collaborative meetings between the staff of both agencies are being held throughout the State.

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

DDD and VR partnered with the University of Arizona Sonoran University Center for Excellence in Developmental Disabilities to develop a tool for employment professionals, families, and people with disabilities to use in preparation for employment.

During the COVID-19 Pandemic number of referrals to VR for services decreased considerably. However, from April to June of this year there have been significant increases in referrals when compared to the same quarter of 2020. In April 2021, there were almost three (3) times as many members referred for services, with fifty-seven (57) members referred, compared to eighteen (18) members in 2020. May 2021 had almost double the referrals, with forty-one (41) members referred, compared to twenty-three (23) members in 2020. Finally, in June 2021, fifty-three (53) members were referred, compared to eighteen (18) the previous year. This appears to be an upward trend as people are feeling safer in the community following the Public Health Emergency precautions in place.

DDD and VR developed a Service Coordination Aid to help staff understand the purpose of each agency, the services provided and ways to work together to assist members in achieving CIE.

DDD referred 373 members to RSAVR from July 1, 2020 to June 30, 2021 for CIE.

VI. Provider Network Business Operations

In order to support choice, members/families have a variety of provider agencies to choose from. DDD provides Home and Community-Based Services 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 Agreement (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)	824
Independent Providers	795

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 Arizona Early Intervention Program (AzEIP). AzEIP serves children from birth to three (3) years of age with 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, teaming, and coaching to support families. DDD's Support Coordinators work closely 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, 2020 and June 30, 2021, AzEIP had active IFSP's for 5,406 children. Of these children, 2,295 were also receiving services through DDD, and 264 of these children also received services and support through the Arizona Schools for the Deaf and Blind.

DD has started the process to realign all DDD Units serving AzEIP children under one District Manager and two (2) Area Managers to support our teams across the state. This will allow for a more focused cross-state alignment and structure. The Office of Professional Development has 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 (2) 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 (AIHP) for children and adults who are tribal members. Tribal members enrolled in DDD who are ALTCS eligible may select the DDD AIHP, or choose the Mercy Care Plan or the UnitedHealthcare Community Plan.

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 eligible for Seriously Mentally Ill (SMI) and Children's Rehabilitative Services (CRS).

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

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

The Division's behavioral health team includes:

- Medical Director;
- Behavioral Health Administrator;
- Behavioral Health Managers;
- Licensed Behavior Analyst; 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 the Division and the public behavioral health system.

Program Review Committee (PRC) Updates

The PRC is responsible for reviewing and approving behavior treatment plans for members who live in residential settings and take psychotropic medications and/or have maladaptive behaviors that interfere with daily life.

The Behavioral Health Administration (BHA) and Data Analytics team developed a statewide centralized database and standard operating procedures for tracking Behavior Treatment Plans (BTPs) and interoperability with the FOCUS vendor management system. FOCUS is the automated web-based system used to maintain information on each member eligible for DDD. The goal is to achieve a centralized database for tracking BTPs and align the FOCUS system to optimize data collection. The database will help identify members who reside in licensed residential settings who are required to have a BTP under DDD policy and Article 9 of the Arizona Administrative Code, and will ensure BTPs are being reviewed annually (at minimum) and identify members who have overdue plans.

This technology improvement will allow the BHA leadership to quickly identify trends in restricted procedures, elevated Abnormal Involuntary Movement Scale scores, overdue plans, and district workloads/capacity.

In May 2021, the PRC and DDD Training Department met and held a one day Article 9 Subject Matter Expert training for administrative staff, PRC chairs, and BHA leadership. This training provided a thorough overview of Article 9 and will enhance the technical assistance provided to qualified vendors and teams.

In June 2021, as part of the Behavioral Health Workgroup in DDD settings, the PRC chairs and a group of Applied Behavioral Analysis providers met to develop a standardized statewide Behavior Treatment Plan template with plans to be disseminated by Fall 2021. The PRC and BHA will work closely with DDD’s Office of Professional Development to develop training for internal/external stakeholders on this process change.

X. Other Division Activities that Support Arizona’s Families

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

- DDD participates in the AHCCCS Justice Reach-In Initiative which is specific to ALTCS eligible members who are incarcerated thirty (30) days or longer and involved in the adult justice

system. As part of this initiative, DDD's Justice System Liaison coordinates the efforts of the DDD's community partners with internal staff. The combined efforts of the Division, AHCCCS, justice partners, DDD Health Plans, Regional Behavioral Health Authorities (RBHA), 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 (7) days of release from detention and coordinated benefit reinstatement.

DDD offers support to children as well as adults who are justice-involved. Support is also offered to those that may be incarcerated for less than thirty (30) days. 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 of the members' prescribed medication. The Justice Liaison also assists the Support Coordinator 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 their member has funds to purchase needed items while detained. The Justice System Liaison, in collaboration with other DDD staff, monitors the member until legal involvement is resolved and the member is stable

- Every month, there is an average of 790 children who are DDD eligible and served by the DCS. The two (2) 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 many video conferencing calls and meetings to ensure everyone stayed connected. In further support of these relationships, the DCS Liaison presented 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 244 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 through living with greater independence and thereby improving their quality of life.
 - Based on medical necessity, 139 home modifications were completed that could not be met with the use of durable medical equipment alone.
 - A total of 105 assessments resulted in closures for various reasons, such as:
 - Twenty-eight (28) assessments resulted in a referral to the member's acute care plan for durable medical equipment to meet their accessibility needs when completing activities of daily living.
 - Forty-two (42) assessments resulted in family requests for closures because the member's responsible person chose to opt out of DDD recommended modifications and sought alternative resources.
 - Twenty-seven (27) assessments resulted in closures because members did not demonstrate medical necessity.

- Three (3) assessments resulted in closures due to members passing away before the start of the project.
- Two (2) assessments resulted in closures because there were two (2) 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.
- Three (3) assessments resulted in closures because the requests were not a covered benefit under the home modification service

The Home Modification Unit was able to serve DDD members by assisting with the provision of one-hundred and ninety-four (194) ramps, thirteen (13) platform lifts, three (3) adaptive stairs, and one-hundred and forty-three (143) modified thresholds for access into the home, forty-nine (49) modified toilets, fifty-three (53) modified sinks/vanities, one-hundred and eighty-six (186) modified showers, two-hundred and thirteen (213) handheld shower wands for an accessible bathroom to assist with hygiene and toileting, two-hundred and eighty-nine (289) door modifications for improving accessibility to the member's bathroom and sleeping area, and four-hundred and five (405) other types of modifications that promote increased member independence in their homes. The Home Modification Unit also monitored the projects to assist and address any member's or responsible person's concerns

- DDD and RSA/VR continue to work collaboratively to streamline and facilitate services as required in the 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; and
 - 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 is developing 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 CIE.
- DDD has a designated Tribal Liaison who works with the other ADES Tribal Liaisons to facilitate effective working relationships with the twenty-two (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 Fiscal Year (FY) 2021, DDD staff participated in the following tribal activities:
 - Thirty-nine (39) virtual tribal communication meetings

- Nine (9) virtual presentations to tribes
- Two (2) virtual Tribal Consultations

DDD has 1,994 members who identified themselves as American Indian/Alaskan Native. The DDD Tribal Liaison tracks tribal affiliation for the twenty-two (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 190 members of the Navajo Nation per month during FY 2021

- DDD has Bachelor of Social Work (BSW) and Master of Social Work (MSW) 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 2020-2021 school year, there were a total of three students, two Bachelor of Social Work and one Master of Social Work who interned with Support Coordination Units. Upon graduation, one intern was hired by DDD as a Support Coordinator.
- DDD's Health Care Services continues to facilitate the AHCCCS High Need/High Cost (HNHC) 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 may include Regional Behavioral Health Authorities (RBHA), behavioral health providers, and CRS representatives, when appropriate
- 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 values. 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. The contract 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
 - Independent Oversight Committees (IOC)
 - Program Review Committees (PRC)
 - Stakeholder Workgroups
 - State-Operated Intermediate Care Facilities (ICFs) Governing Body

- 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 for input 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 538 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 120 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, 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 eighty (80) 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 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 CPR/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 owns and 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 (2) 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 Independent Oversight Committees (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
- DDD's Quality Management System (QMS) includes the Incident Management System (IMS) which is the automated system for incident reporting. For Quality of Care (QOC) concerns, the Division utilizes the AHCCCS QMS Portal which is a confidential system for completing QOC investigations. The purpose of the AHCCCS QMS 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 monitoring of group homes, center-based programs (Day and Employment), Home and Community Based Services, and qualified vendors providing developmental home services for children and adults each year for compliance with programmatic standards. The Unit also completes audits of the Direct Care Worker training programs across the state. The Unit is responsible to assess compliance with Medicare and Department of Health requirements for ICFs within the state-operated or funded locations.
 - Credentialing is the process of establishing the qualifications of vendors, licensed professionals, organizational members, or organizations, and assessing their background and legitimacy. Credentialing is completed for all initial Providers funded by DDD and every three (3) 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, quality of care 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. This unit is required by the AHCCCS contract to close grievances within ten days for members and thirty (30) days for providers. More in-depth, complicated grievances should be closed within ninety (90) days. This unit 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 2021, the Customer Service Grievance Unit had the following metrics:

- Monthly Average Calls: 1869
- Total Grievances: 2702
 - Member: 749
 - Provider: 1953
- Average Resolution: 15 days
- 100 percent of member grievances were closed within 90 days.

DDD's Customer Service Center Provider Relations conducted at least one (1) provider billing training session weekly with at least one (1) and no more than five (5) providers. Transitioned all provider billing training sessions to a virtual environment.

Developed Standard Work for:

- Reporting Incidents or QOC Concerns to Quality Management Triage.
- A methodology for evaluating Provider Relations staffing levels.
- A remote work schedule including in-office days.
- Provider Relations grievance closure letters.

DDD's CSC has maintained its goal of 100 percent to contact members and providers within the first twenty-four (24) hours of filing a grievance.

The Provider Relations team has added two new team members and had an average resolution time of six (6) days for inquiries.

- The DDD Provider Publications Manager audits all provider websites to verify the functionality of links, consistency of claims regarding approved services for members, and accuracy of legal references. 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 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
- DDD hosts virtual public town hall events to maintain a healthy dialogue with the DDD community. Throughout the Public Health Emergency, DDD has hosted thirty-two (32) Public Town Hall events providing updates on DDD's response to COVID-19: Vaccine Availability, collaboration with county health departments, updated resources for members and families, updated guidance documents for Qualified Vendor agencies, and data on member positive cases and mortality rates due to COVID-19. These events also provided updates to the various COVID-19 Service Flexibilities: Remote Learning Supports, Parents as Paid Providers for their Minor Children, Access to Inpatient Supports, as well as:
 - COVID-19 QVA Guidance for Congregate Settings and Direct Care Workers
 - DDD Qualified Vendor and Provider Frequently Asked Questions (FAQs)
 - Assessing Risk for DDD Members who are at Higher Risk for Severe Illness from COVID-19.

DDD adjusted the cadence of the virtual public town hall events from weekly, to bi-monthly, to monthly presentations to meet the community need for updates and information as the Public Health Emergency progressed. DDD also invited an array of Guest Speakers to join the Virtual Town Hall events to share additional information in support of members, families, and qualified vendor agencies; separate from the Public Health Emergency. Topics included:

- COVID-19 Updates
- Updates on DDD Initiatives and Upcoming Events
- Raising Special Kids Programs
- Arizona Provider Network Development
- Behavioral Health Supports for Members and Families
- Augmentative and Alternative Communications Health Plan Transition

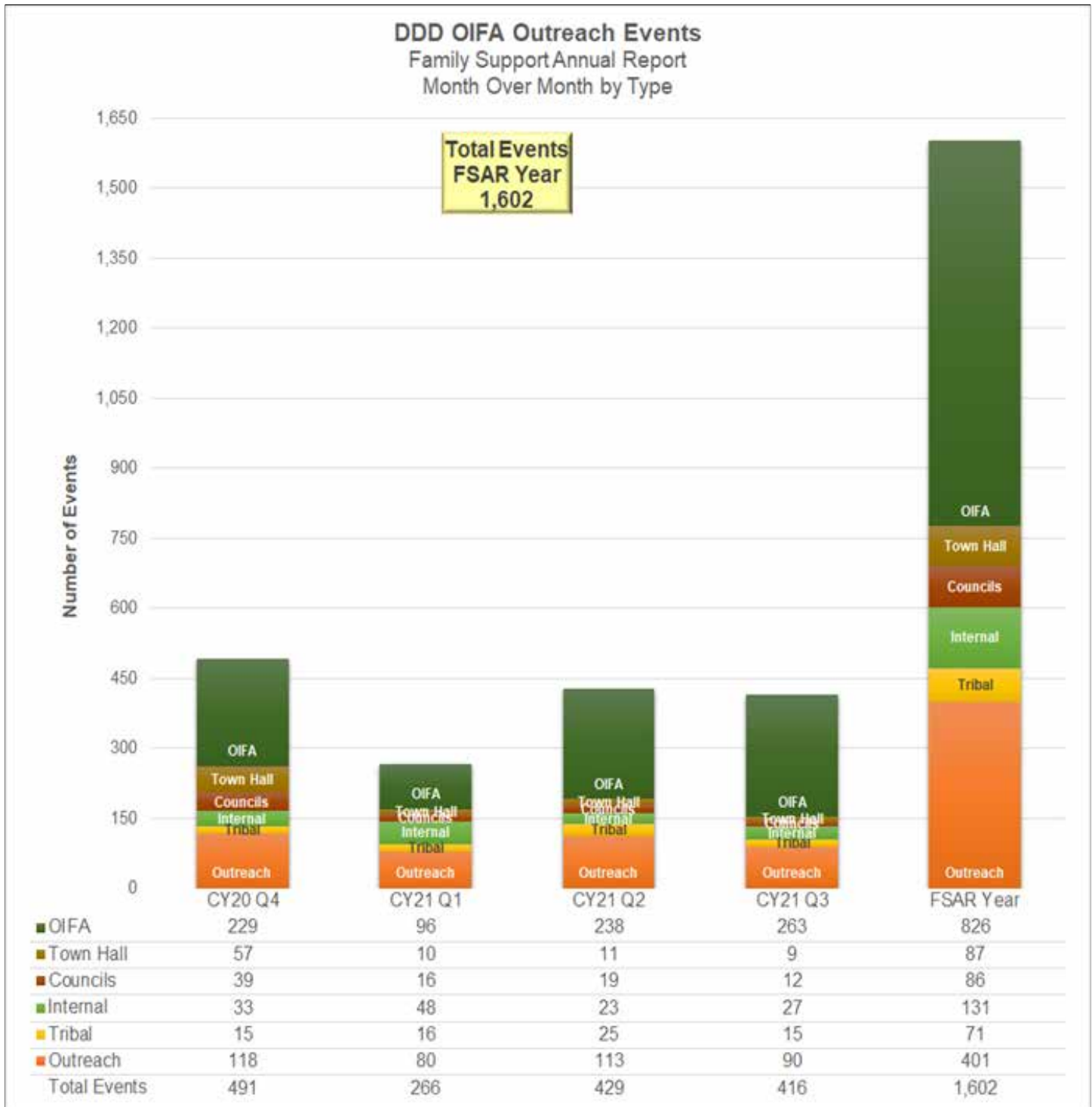
- Disability Voting Rights
- Specialized Habilitation Services
- Overview of the Arizona Developmental Disabilities Planning Council (ADDPC)
- DDD Executive Leadership Introductions
- Arizona Caregiver Coalition Overview
- DDD Affordable Housing Programs
- VR
- DDD Employment Services and DDD/VR Collaboration
- Proposition 207 - Legalization of Recreational Marijuana
- Electronic Visit Verification
- Social Security Benefit Overview
- OIFA Overview
- Special Needs Trusts & Future Planning

DDD also hosted eight virtual town hall events in support of the provider network to address Temporary Incentive Rates; four public town hall events for our Spanish-speaking population; and 23 DDD staff town hall events to provide updates on support and service flexibilities in response to the pandemic. Some of the COVID-19 flexibilities discussed during these town halls include:

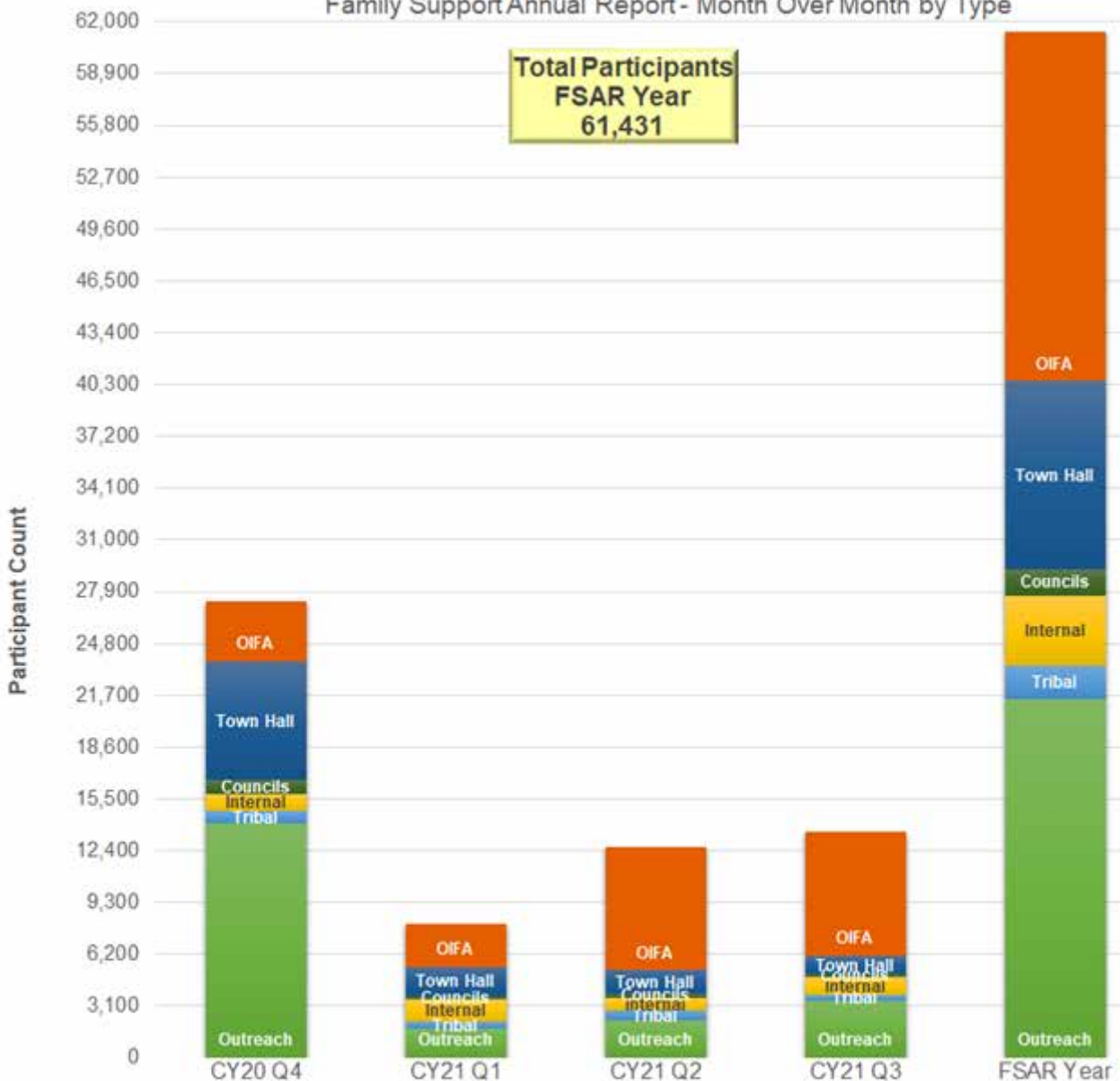
- Parents as Paid Direct Care Workers for their Minor Children
- Increased Annual Respite Hours
- Home Delivered Meals
- Training Certification and Renewal Provisions
- COVID-19 Temporary Provider Payment Strategies:
 - Temporary Incentive Rate
 - Value-Based Payments

To ensure members, families, providers and stakeholders could readily access all of this information, DDD continues to maintain a publicly accessible COVID-19 specific webpage (https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/actions_related_to_covid-19). Written guidance documents, resources, health plan updates, service delivery changes, accommodations, temporary provider payment strategies, provider surveys, past virtual town hall presentations, and COVID-19 positive member data are all published here regularly.

In total, the DDD OIFA participated in over 1,600 Outreach events, reaching more than 61,000 people.



DDD OIFA Outreach Participation Family Support Annual Report - Month Over Month by Type



- DDD, in collaboration with the Director’s Office of Community Engagement (OCE), continues to partner with the First Responder community. Presentations on DDD help First Responders understand approaches to working with individuals with intellectual or developmental disabilities. Audiences include law enforcement, firefighters, 911 dispatchers, hospital personnel and a variety of other first responders. The Developmental Disability Safety Coalition, which started at the end of FY 2018, is going strong. The Developmental Disability Safety Coalition is a committee of stakeholders, including first responders, whose mission is to promote collaboration between individuals, families, and community partners to advocate for

safe and successful outcomes, increase awareness, and improve community interactions. In partnership with the OCE, the DDD Customer Service Center is the main point of contact for all first responders.

- 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 members' 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 June of 2021, DDD participated in its first virtual ADES Informational Forum 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, Arizona Early Intervention Program, 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.
- DDD conducts monthly virtual "DDD 101" presentations for all interested parties, including community stakeholders, and the natural support systems for people diagnosed with an intellectual and developmental disability (I/DD). These events provide an overview of DDD eligibility and its various supports and services, while allowing participants to ask questions and gain insight into DDD's programs.
- Activities of the Office of Administrative Review, which oversees all of DDD's functions involving appeals, claim disputes, administrative reviews, and hearings, are also reviewed for trends and areas for improvement.
- DDD continues to participate in the National Core Indicator (NCI) Project, a voluntary effort by state developmental disability agencies to track their performance using a standardized set of member and family/guardian surveys with nationally validated measures. The effort is coordinated by the National Association of State Directors of Developmental Disabilities Services 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 (3) 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 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 National Core Indicator 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 completed the plan to evaluate the Qualified Vendor application process looking 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 RFQVA, also known as the Contract, which will be rolling out in 2022.

XI. A Snapshot of FY 2021 Accomplishments

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

- DDD has created a five-year plan called Current 2 Future (C2F). The C2F main objective is to create a culture of compliance within DDD to enhance our operations to ensure quality delivery of services and supports to members. The plan includes priorities identified by DDD leadership.

Teams were identified early in the year to address each of these priorities. In addition to their day-to-day work, those teams have been meeting on a weekly basis developing plans to address the root cause at the heart of each priority. This included spending time understanding the challenges and concerns from the people who actually work with members or with providers in order to tailor our approach to the work. Additionally, each project team established a process of monitoring and implementing the C2F work including reporting progress, metric development, and rapid issue resolution. The C2F priorities include:

- Vendor Call-Network Development: DDD is working to improve its processes for identifying qualified vendors to provide authorized services to members. DDD will identify enhancements to the Vendor Call Process to improve the standardization of data collection, monitoring, and adherence.
- Access to Care: DDD identified a need to have an effective mechanism to identify, communicate, monitor, and resolve issues for ALTCS eligible members who are not receiving timely, appropriate, member-centric care provided through DDD.
- Person-Centered Service Plan: AHCCCS has revised the ALTCS Case Manager Standards, which includes a new Person-Centered Service Plan and is requiring ALTCS Managed Care Organizations to implement it. Support Coordinators are using a person-centered approach regarding the member assessment and needs identification, taking into account not only ALTCS covered services, but also other needed community resources as applicable. The goal is to engage all members and their families with a person-centered and family-focused approach so they feel respected, their rights honored, and for the member to have a meaningful role in planning and directing their own supports and services to the maximum extent possible. By strengthening DDD's person-centered approach and some of its care coordination processes, other goals are to ensure members' voices and choices are heard and they receive timely and appropriate care coordination to ensure their needs are met. DDD will ensure all members are assessed using the new Person-Centered Service Plan.
- Quality Management: DDD strives to provide quality medical care and services to members and promotes improvement in the quality of care provided to enrolled

members through established Quality Management and Performance Improvement processes. DDD improved its metrics for tracking Quality of Care concerns, case inventory counts, highlights of current initiatives related to improvements, and staffing metrics by clinical/non-clinical staff.

- Health Common Procedure Coding Systems/Claims Processing System: DDD is moving towards compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards or utilization of CMS industry standards for transactions and code sets.
- Nursing Assessment: DDD has improved the Nursing Assessment process by developing a tool that will be used statewide to identify the level of nursing support a member needs.
- 2020 AHCCCS Operational Review Preparedness: This work aims to prepare DDD for the upcoming Operational Review, which is an onsite audit conducted by AHCCCS every three (3) years assessing DDD against outlined standards. DDD holds a contract with AHCCCS to provide services to members with intellectual and developmental disabilities. To ensure DDD is complying with the set forth guidelines AHCCCS will complete an audit.
- American Indian Health Plan (AIHP): Approximately one-third of the American Indian/Alaskan Native (AI/AN) members eligible for DDD have selected to be enrolled in the DDD American Indian Health Plan (AIHP) rather than with one of the contracted health plans. It is important to note that the AI/AN population must have a choice of enrollment options as they cannot be forced into a managed care plan. The DDD AIHP is a fee-for-service plan, which means members have the choice of using any AHCCCS provider, as long as the provider accepts fee-for-service rates. DDD is exploring options to have the fee-for-service program administered through an entity that has more experience in this field. The goal of this project is to identify a solution that will be in the best interest of our AIHP members in future years so they can receive the best possible physical, behavioral health, and Children's Rehabilitative Services.
- DDD Culture Change: DDD will use feedback from surveys, town halls, touchpoints, and coaching to determine the effectiveness of implemented strategies by DDD. This team may develop tools and provide communication to support the positive engagement of all staff.

DDD has celebrated several successes in achieving some of the Current 2 Future (C2F) priorities and is excited to implement new priorities during FY 2022.

- The DDD OIFA team includes two (2) Behavioral Health Advocates 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 SMI designation; and
 - Children who are DDD-eligible with behavioral health and/or substance use needs and the families of these children and adults.

Both advocates have "lived experience" receiving behavioral health services and/or navigating a public behavioral health system; and who are 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 AHCCCS Complete Care 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 2021, the advocates received 189 unique referrals; 110 of these referrals were supported by the children's advocate, and 79 referrals were supported by the adults' advocate. In the process of supporting these members and families, the advocates participated in more than 1,400 separate collaborative activities.

The advocates have conducted over 150 DDD informational presentations to:

- Internal ADES and DDD Staff,
- Stakeholders,
- Health Plans,
- Behavioral Health Providers,
- Peer and Family Organizations,
- Advocacy groups,
- Justice System Partners,
- Psychiatric Medical Facilities.

The Behavioral Health Advocates, in collaboration with the DDD Project Management Office, developed a procedure and supporting documents for the process of referring members and families for advocacy services.

The Behavioral Health Advocates have also:

- Provided input in policy updates and revisions,
 - Participated in multiple workgroups and committees promoting Peer and Family Support Services,
 - Participated in Project Management Team activities for:
 - Behavioral Health Training of DDD Support Coordinators
 - Referral process for Complex Care Specialists involvement
 - Represented the Division as a board member to the AHCCCS Behavioral Health Planning Council
 - Represented DDD as a board member with an autism advocacy organization to unify first responders.
- In the past year, 1,602 presentations and various types of events have been provided to school districts, first responders, contracted providers, and community stakeholders, including health care providers and tribal entities. DDD interacted with 61,427 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 supports available through DDD's OIFA.
 - DDD continued its initiative to utilize technology to increase communication with members and families. In December, DDD began using Salesforce Marketing Cloud to send email information. DDD Management Information System was able to integrate DDD's internal database with the new application. This allowed DDD to send newsletters to almost 30,000

member and family email addresses. DDD continues to use this platform to send its monthly OIFA Newsletter. These newsletters supplement the bi-annual newsletters that are mailed to all members. Additionally, copies in both English and Spanish are uploaded to the Current Member Resources page on the 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 in each of its emailed 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 Centers for Disease Control (CDC) and Prevention, ADHS, AHCCCS, and ADES to provide specific member and provider written guidance and flexibilities.
- Vendor Call presentations by providers are now reviewed for accuracy of legal references/citations and the use of people-first language. Recently one was rejected for extensive use of copyrighted music in a video without permission. Internet articles on the subject of such use even for such a limited purpose were sent to the provider to justify the concern.
- Through two (2) Section 811 Project Rental Assistance program (PRA) 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 thirty (30) renovated 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.

Between the dates of July 1, 2020 and June 30, 2021, 17 members were able to move into the 811 PRA Units and Coffelt-Lamoreaux.

There were two (2) progressive moves, one from an Adult Developmental Home to the community and one from a Group Home to a voucher in the community.

During the last FY, four (4) members who were experiencing homelessness were successfully able to obtain housing through the DDD Affordable Housing Program.

HAMC was awarded forty-five (45) vouchers in March of 2019 and gave DDD members preference for eleven (11) of these vouchers. During the time frame of July 1, 2020 through June 30, 2021, Support Coordinators referred twenty-six (26) members to the DDD Affordable Housing waitlist for the HAMC Mainstream Vouchers. Nine (9) members successfully leased apartments using their vouchers during this timeframe.

Support Coordinators referred over sixty-nine (69) members to the DDD Affordable Housing waitlist for Coffelt-Lamoreaux and the 811 Project Rental Assistance units.

- DDD's DCS Liaison participated in a total of 111 statewide meetings and/or educational presentations to DCS staff and stakeholders.
- DDD was able to develop a heat map to geographically identify where the DDD American Indian/Alaskan Native members live. During the Public Health Emergency, DDD used the heat map to identify those tribal members who have tested positive for COVID-19.
- During FY 2021, DDD held two (2) Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members. Information regarding the upcoming DDD AIHP Integration was provided during these forums.
- DDD has been working with Burns & Associates (a Division of Health Management Associates) and the Human Services Research Institute since September 2019 on a project to improve the quality of services our members receive. Over the last year and a half, with the input of various stakeholders including vendors, providers, members and families, improving the Request for Qualified Vendor Application RFQVA was identified as one way to support vendors in delivering the best services. The draft RFQVA will be posted for public comment on July 28, 2021. The new RFQVA will be implemented in the second half of 2022.
- 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. The Employment Team worked with the staff of the Office of Professional Development to revise the 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. During FY 2021, the Eligibility program began the implementation of an in depth review of the program that has included policy manual review and revision, clarification on the roles and responsibilities for those involved with the Eligibility process, DDD staff training needs assessment regarding Eligibility and the identification of program staffing and other resource needs. The Eligibility unit has been able to make initial eligibility determinations in less than sixty (60) days and eligibility determinations on referrals from ALTCS and AZEIP in less than thirty (30) days.
- Augmentative and Alternative Communication (AAC) systems are used to establish functional communication when a member's natural speech methods are insufficient to achieve daily communication goals and meet communication needs. AAC is augmentative when it is used to supplement existing speech. It is an alternative when it is used in place of speech that is absent or not functional. AAC services and supplies (treatment, evaluation, and AAC system supply) are specialty contracts that are not part of the Qualified Vendor system. Services

and AAC systems are issued based on medical necessity and cost-effectiveness as required by DDD contract with AHCCCS. DDD conducted an outreach campaign to provide accurate and understandable information to members and families so they can take the next steps as appropriate if an alternative AAC system or service is identified for consideration.

On June 29, 2020, DDD solicited public comment for the purpose of transitioning the AAC benefit to the DDD Health Plans on October 1, 2020. Comments were reviewed closely and feedback taken into account. As a result, the implementation did not take effect until January 1, 2021. The reasons for this transition include:

- DDD believes that the transition of the benefit will allow for improved member experience and will support a timely, streamlined, and efficient prior authorization process for AAC services;
- DDD Health Plans currently manages all other Durable Medical Equipment benefits with the exception of AAC. They can leverage this experience plus their broad network of providers and clinical and operational resources for the best result for members; and
- DDD will still oversee and monitor the Health Plan's administration of this benefit to ensure the provision of medically necessary, cost-effective, and timely delivery of services.

DDD continues to administer all requests for services and AAC systems initiated before January 1, 2021. DDD Health Plans are administering all requests for services and devices, including repairs and replacements, after January 1, 2021. In preparation for this change, DDD established a webpage dedicated to this transition and posted a Frequently Asked Questions (FAQs) document that was updated as new information became available. Significant readiness activities occurred ahead of the transition including training of staff, providers, member outreach, etc. The management of the AAC benefit transitioned successfully on January 1, 2021. DDD regularly monitors the health plans in the delivery of the AAC services.

XII. Conclusion

DDD strives to uphold its mission to empower Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives. The COVID-19 Pandemic had a substantial impact on DDD during FY 2021. The health and safety of members, families, and the professionals in our system continues to be a top priority for DDD through the public health emergency. DDD identified early that mitigation strategies would be critical for limiting the spread of COVID-19. However, these strategies also impacted service delivery and traditional methods of access to services.

Some of the steps DDD continues to take during the COVID-19 Pandemic include:

- Support Coordinators reached out to members and families directly to provide information about COVID-19 vaccination availability, transportation options to obtain a vaccine, and to identify any members who were homebound and needed arrangements to be vaccinated in their own home. The initial outreach was for any member aged eighteen (18) and above who may be eligible to receive the vaccine and once approval was provided to vaccinate members twelve (12) years and older, Support Coordinators contacted those families as well.
- A member of the DDD clinical team participated in the Arizona Vaccine and Antiviral Prioritization Advisory Committee; the vaccine task force comprised of members from state and local public health agencies, health care provider groups, and other subject matter experts who are tasked with making recommendations to the state about how to prioritize limited doses of vaccine in a fair and equitable manner.

- DDD continues to maintain its Actions Related to COVID-19 web page which was updated regularly regarding DDD's response to COVID-19. Throughout the year, as guidance was updated by the CDC and Prevention, 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.
- DDD continued to have town hall events to keep people informed of the responses DDD has made during the pandemic and provide a forum for stakeholders to ask questions, give feedback, and receive direction. During FY 2021, the following virtual events included:
 - 87 total town hall events
 - 23 public town halls
 - 23 staff town halls
 - 6 vendor town halls
 - 4 public town halls conducted in Spanish
 - 29 events that were collaborated with partner agencies
 - 2 presentations with the Arizona Developmental Disability Network including Arizona Developmental Disability Planning Council and Raising Special Kids Facebook Live
- DDD increased its written communication through several methods including monthly e-newsletters to members and families, two (2) mailed newsletters to every member/responsible party, monthly Shout newsletter to all qualified vendors, bi-weekly Echo newsletter to DDD staff, bi-weekly Voice newsletter to DDD staff, weekly email updates by the DDD Assistant Director, vendor announcements, flyers/announcements to advocacy groups regarding community events, and advocacy and self-advocacy meetings.
- DDD collaborated with AHCCCS and the Arizona Department of Education to implement remote learning support for members who would be attending school in person if it weren't for the pandemic. This allowed DDD to authorize Attendant Care or Nursing services for members during their remote school day. Considerations for authorizing this service include:
 - Remote learning time is identified,
 - The primary caregiver was not available,
 - The member may need assistance with:
 - using technology
 - supervision due to safety concerns
 - consistent redirection
 - physical support
 - behavioral support
 - or other similar need
- DDD monitored service delivery and conducted virtual meetings with members and families unless the Support Coordinator was unable to see the member during the virtual visit or there were health and safety concerns, at which time an in-person visit would occur. DDD also allowed additional services to be delivered via telehealth in order to ensure member service needs were met.

- The COVID-19 Pandemic 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 utilized different incentives to vendors including value-based lump sum payments to support providers experiencing increased costs associated with the public health emergency and temporary rate increases designed to address retention and recruitment of direct care workers.

DDD will continue to monitor the impact of the COVID-19 Pandemic on members, families and providers into FY 2022. DDD will also continue to respond to the public health emergency and provide updates and/or guidance to its stakeholders.