

Quarterly: Governance Committee
 Date/Time: 10/29/2025 10:00 am – 12:00 pm
 Facilitator: Division of Developmental Disabilities

Current Meeting Agenda 10/29/2025

Agenda Item	Presenter	Time
Welcome & Meeting Etiquette	Joe Trentacoste	1 Minutes
Opening Remarks	Zane Garcia Ramadan	2 Minutes
Olmstead Update	Christina Hedges	10 Minutes
5-Year Strategic Plan	Zane Garcia Ramadan	15 Minutes
Assessment Changes	Zane Garcia Ramadan	10 Minutes
Focus Group Input	<p>DDD Advocates & Self-Advocates will share ideas and recommendations for how the identified priority topics should best be addressed by DDD. What do you feel is missing and what else do you think DDD should be doing for the items DDD is already working on? What ideas do you have that we can use to address the issue(s) for the items we have not started working on yet?</p>	80 Minutes
Future Meetings and Closing	Zane Garcia Ramadan	2 Minutes

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Introduction - Zane Garcia Ramadan

Good morning, everyone. It's been a while since we last met. The July meeting was rescheduled for June, and this October meeting was pushed back a week. Typically, I like to send out an email ahead of these meetings to provide a preview of the topics that will be discussed. I would like to apologize for not sending that email over.

As a reminder, the Governance Committee membership includes members, families, stakeholders, advocates, and DDD staff who volunteer to participate. The purpose of this committee is to collaborate with Division leadership and staff to make recommendations that guide the Division's strategic planning and identify process improvement initiatives. We will continue to leave the majority of the meeting open-ended to allow everyone to share their thoughts.

Olmstead Update - Christina Hedges

Background

- 1999 United States Supreme Court decision that provided legal framework for state and federal government to integrate people with disabilities into the communities in which they live
- Arizona chose to create a plan as a way for stakeholders to work together to further improve access to services and ensure people live and receive services in the most appropriate integrated setting in their community
- The Plan was developed in 2023 and is updated every quarter

Strategy 1:

Effective Permanent Supportive Housing (PSH) for members to successfully reside in the community

- New units in Tucson will be starting pre-leasing soon

Strategy 3:

Reach-in discharge planning for the justice system

- DDD currently has 205 members being monitored by the DDD Justice Reach-In Program
- Justice Outreach Coordinator presentations to the community

Strategy 5:

Workforce Development Initiatives

- The Division published the Workforce Development Toolkit in May 2025

Strategy 6:

High quality network to ensure members are served in the most effective and least restrictive manner

- DDD BHA continues to offer Lunch and Learns monthly for QVAs and BH Providers on different topics related to supporting dually diagnosed members

Strategic Plan - Zane Garcia Ramadan

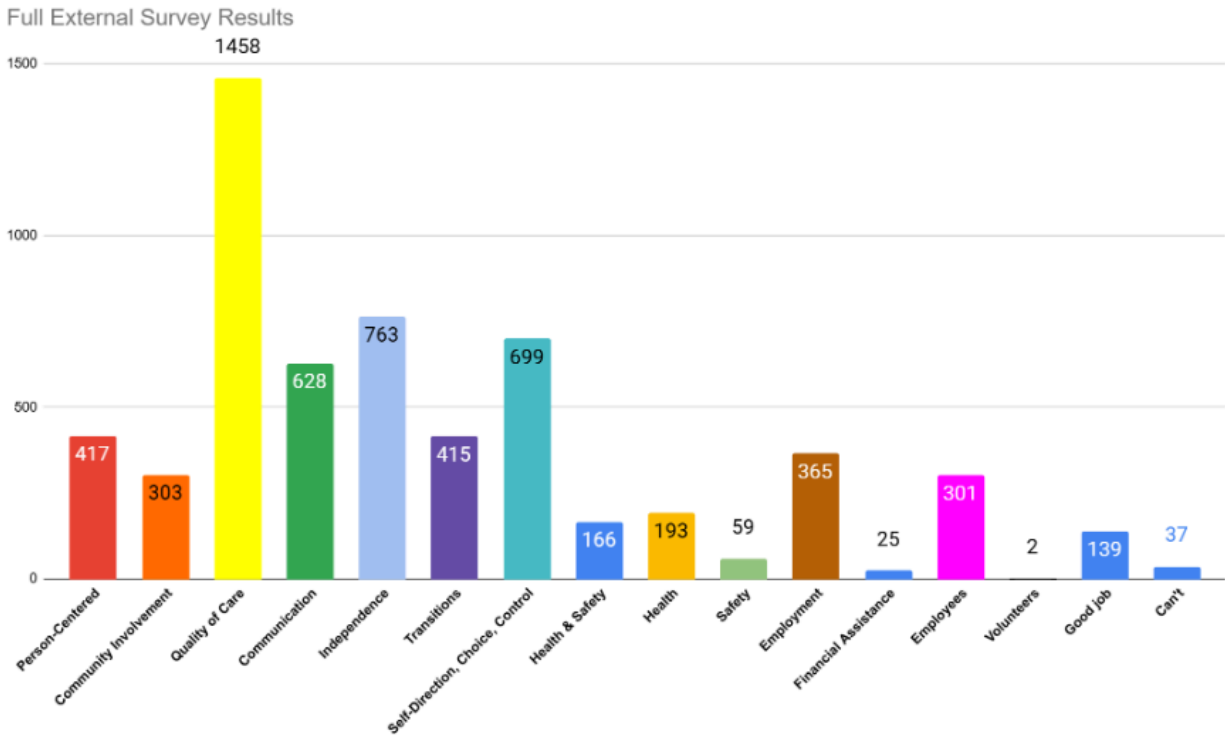
In June, we shared the version that was mostly complete, along with our decision-making process for setting goals and objectives. We will focus on the goals and objectives this time. In August, we published the final DDD 5-Year Strategic Plan, which had been developed over a nine-month planning period.

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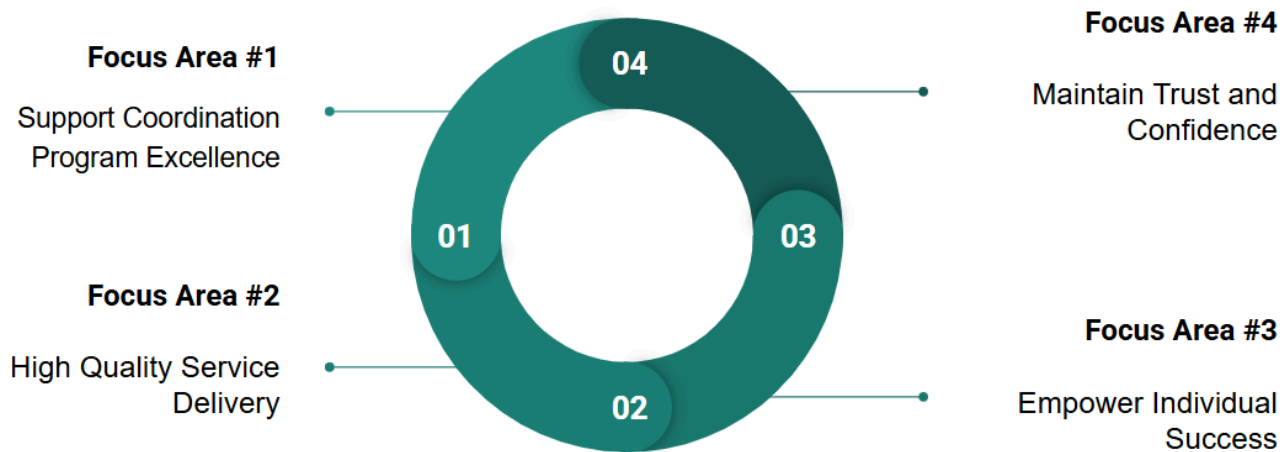
External Stakeholder Input

- Stakeholder Outreach
 - AAPPD
 - Ability 360
 - Arizona Developmental Disabilities Planning Council
 - Developmental Disabilities Advisory Council
 - GANE
 - Governance Committee
 - Independent Oversight Committees (IOC) - Districts Central, East, North, South and West
 - Institute for Human Development
 - Member Advisory Council
 - Encircle Families
 - Self Advocates
 - Southern Arizona UCEDD
 - The ARC
 - Tribal Town Halls
- Strategic Planning Survey (English and Spanish)

External Stakeholder Survey Results



Strategic Focus Areas



Goals

Develop Support Coordination Program Excellence

Goal 1: The Division has the knowledge and resources to effectively support members and families.

Deliver High Quality Service

Goal 2: Providers consistently deliver person-centered care guided by best practices, and focused on member outcomes, satisfaction, safety, and wellbeing.

Empower Individual Success

Goal 3: Individuals achieve their definition of success.

Maintain Trust and Confidence

Goal 4: The Division continues clear, open communication with all stakeholders expanding trust and collaboration to achieve shared goals.

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Goal 1 - Objectives

1. By 2030, the Division will have a qualified Support Coordination workforce that keeps up with program growth.
2. By 2030, the Division will improve the member and provider experience using stakeholder insights and evidence-based standards.

Goal 2 - Objectives

1. By 2030, the Division will maintain a provider workforce that keeps up with program growth.
2. Beginning July 2026, the Division will review all Qualified Vendors' Quality Management Plans at least once every 3 years to support quality service delivery.
3. By 2030, the Division will create a training program for Health Plan providers to deliver comprehensive care for individuals with intellectual/ developmental disabilities.
4. By 2030, the Division will publish quality indicators about Qualified Vendors so members can make self-directed choices about their services.

Goal 3 - Objectives

1. By 2030, the Division will increase the percentage of members who report making decisions in their daily schedules from 76% to 86% (based on National Core Indicators [NCI] data).
2. Through 2030, the Division continues to ensure all members live in the least restrictive, most appropriate community setting of their choice.
3. By 2030, the Division will increase the percentage of members who report having friends who are not staff or family members from 55% to 79% by supporting participation in community activities that align with their interests and abilities (based on National Core Indicators [NCI] data)
4. By 2027, the Division will develop baseline data to measure the number of members who are competitively employed. By 2030, the Division will increase the number of members who are competitively employed by 3%.

Goal 4 - Objectives

1. Through July 2030, the Division will use innovative and accessible modes of communication to expand stakeholder engagement.
2. Through July 2030, the Division will publish relevant data about the DDD program to better inform stakeholders.

System-wide Objective

1. By 2030, the Division will use approved tools and supportive technologies that meet current industry standards of security and integrity to improve program efficiency and effectiveness.

Strategic Plan

Final Strategic Plan published on August 1, 2025

- [English](#)
- [Spanish](#)
- Plain language version is being sent to AHCCCS for review and approval this week.

[Dedicated webpage](#)

This 5-Year plan will evolve, and we will see more details provided to support each of those objectives. We will continue to provide updates whenever possible to support the work we are doing. For example, as it relates to the first goal, we are pleased to announce that DDD has received accreditation from the National Committee for Quality Assurance (NCQA) for its Case Management program. It was received at the highest level of accreditation. This is a great framework for continuing to implement the concepts included in the NCQA standards. Another update is related to the fourth goal. Leading up to the implementation of the new assessment tool, we shared a significant amount of data highlighting the growth observed within the DD program, particularly among members under the age of 18. That information is available on the website, and we will continue to share it to keep the public informed.

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Are support coordinators sharing resources like findhelp.org with Members/Families? Or other concrete resources beyond "contact DES? so Members/Families can use the current Pause to prepare for future cuts, especially those parents who are paid caregivers and rely on the compensation to support their household?" DDD has developed resources that Support Coordinators can share with members and their families who may raise concerns about their specific situation due to potential changes. **My first concern is (I understand the bureaucracy and that you move slowly) these individuals don't believe the cuts are coming because of the pause, but the other concern is that they need this information quickly. I don't have advice on how DDD becomes more agile based on the restrictions that you have. When SCs come into members' homes, there should be more than "go to this website" in order to be effective.** The SCs are providing the resource handouts to members and families. During our SC call this morning, we reviewed places where families experiencing food insecurity can be referred. As we become aware of resources available related to food, we share those details with SCs in real-time. **I am seeing on the Facebook group pages that there have been comments made by SCs that are inappropriate.** SCs should not be engaging in these groups. **They are not engaging in the groups. Parents and families are posting things that SCs are saying when they come into their homes.** The SC leadership team has been meeting almost every day since late September. There are two meetings a day for SCs to bring their questions or concerns to be answered. We emphasize that SCs should refrain from sharing their personal opinions during interactions with families. We occasionally hear about these examples, but we hope to convey that they find a way to pinpoint who the individual is so it can be shared with our Customer Service Center. That way, we can provide technical assistance to the SC. **I can tell you personally that I have had comments made that were inappropriate. Of course, I haven't dealt with an SC in the past four years. It's unfortunately a common part of the culture. It's a serious problem, and going into the next four years, where we are going to deal with cuts, the relationship between stakeholders is of the utmost importance. That is one of the building blocks.**

[Community Resources](#)

I agree. An actual handout in plain language with places in their home area, along with the link on the page. Some people do not know how to navigate or understand location distances near their home. :)

Here is a great resource from Children's Action Alliance - it includes resources for families other than DES. [Health Care Resources for Arizona's Low Income and Uninsured Families September 2025](#)

Knowing that the workforce at this point, unfortunately, with the Parents as Paid Caregivers (PPCG), is a very aggressive workforce, I am concerned about workforce development in the future. We have many families expecting to continue, and there are fewer non-familial individuals who are securing these positions. Is there a discussion about this when we talk about the five-year plan? What kind of workforce development are we talking about? I am concerned that we currently have two separate silo groups. We need to understand and work through that. We need strong DCWs who understand the work. We don't have any indications that PPCG is going away. AHCCCS and all the MCOs prioritize working with the provider community on initiatives and ways to engage with the workforce. We have the opportunity, as outlined in the strategic plan, to improve our approach in this area. We will be sending out a survey shortly regarding the provider toolkit to gauge its helpfulness and determine who is using it. **Are we worried about the funds? Is there a plan that will help to deal with the potential cuts?** Are you talking about the provider rates or in general? **I am talking about cuts in general. Say we need x amount of dollars, the legislature gives us only y amount of dollars, and we have all these plans. They are all priorities, and we had to reduce the scope because we don't have the funds for training, being out in the community, etc. What is plan B?** This is a much broader conversation than the strategic plan. To explain how the state budget works, each state agency submits its initial budget request for the following fiscal year to the Governor's office in September. Based on all of the state agency submissions, the Governor's office will develop the Governor's Executive Budget recommendations that will be released in January. DES submitted their request, and in addition to our FY27 funding request, we included a supplemental need for fiscal year 2026. In terms of Plan B and what to cut, that would ultimately be a decision for the Governor, the Legislature, and our elected officials. If it does reach the point where

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long-term reforms are necessary to keep the program sustainable, our hope is that we will engage in that conversation collaboratively with our stakeholder community to ensure that any changes are made thoughtfully and implemented in a way that mitigates negative impacts. However, as of now, we haven't been instructed to initiate those conversations.
Thank you, I think we are all a bit worried.

I worked for four companies, two of which were in case management. I know the difficulties of being overwhelmed, which can sour your attitude and personality, and lead to resentment, and it only gets worse from there. The biggest thing, in my opinion, to solve this problem and increase SC excellence is to reduce the caseload. If you get overwhelmed with cases, everybody will be reduced to a poor attitude. It's standard psychology. I don't know how you get that past the Legislature. The one place I worked in case management was overwhelming. The average service rate was six months. We need to reduce the turnover. Thank you. There is no doubt that high caseloads and workloads contribute to the numerous challenges faced by SCs. To give a perspective of what we are dealing with, in order to reduce caseloads, we need to hire more staff. We have had a strong focus on recruitment and retention over the past two to three years. Three years ago, we had around 850 SCs; we have since increased by over 300. We are now just under 1,200 SCs. Even with that increase, the rate of member growth is so high that it's challenging to keep pace with the number of SCs we need. **A possible remedy to this would be to contract out licensing to workers or vendors, who can better manage their caseloads. If you go through contractors, they can contract a certain number of cases in their area and give due diligence that they need, and be supervised by the state.**

Assessment Changes - Zane Garcia Ramadan

October 16, 2025 - Announcement that the Governor has directed AHCCCS to pursue emergency rulemaking and re-evaluate and make any appropriate changes to the HNT. These changes include the addition of an extraordinary care review (exception) process and new assessment categories, like specialty meal preparation, specialty eating, and specialty toileting.

- AHCCCS has directed DDD to pause the use of the HCBS Needs Tool with minor members and revert reductions in ATC and HAH hours that were assessed between October 1-16.

Next Steps

- Members' assessed Attendant Care and Habilitation hours were returned to pre-October 1 levels.
- Support Coordinators are completing meetings as scheduled without using the HNT with minor members.
- Support Coordinators are using the pre-October 1 tool to assess for ATC and HAH
 - For MINOR children who are newly eligible for ALTCS and have not had their initial PCSP, and a need for Attendant Care and Habilitation is identified.
 - For MINOR children who were assessed for ATC or HAH for the first time between October 1 and October 16, 2025, using the 10/1 HNT.
 - For MINOR children whose parent or responsible person has reported a "change in the child's condition".
- AHCCCS will have an expedited public comment period for potential new policy and tool revisions.
- Support Coordinators will reassess members after the new tool is published and provide info about the review process.

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Do you know if they are going to work with stakeholders again before they release the new policy for public comment?

This time, it's being driven by AHCCCS, and DDD doesn't have insight into their process or timeline. Those questions should be asked directly to AHCCCS. **We talked about the worry about the stability of the program, not only that, but also the battle at the Legislature for supplemental funding. A while ago, we were told that there was an initial ask of \$50 million for supplemental funding. With this pause, what is that going to look like? Do you have any idea by the week/month what this pause is going to cost us and what that ask is going to be? That will help us talk to the legislators.** This is a great point, but the request for supplemental funding is a bit nuanced. The supplemental funding need is what we had estimated back in September as to what we would need to draw down our matching federal funds for capitation from AHCCCS. Meaning what our state fund need would be to bring in the federal share. The way that calculation is based on the caseload and capitation rate. That means the number of new members coming into the system, multiplied by the cost per member. That is what dictates the request for supplemental funding we will submit. With those two variables at play, it is challenging to predict what that number will be. Perhaps we will experience lower member growth than anticipated, or we may see high member growth accompanied by high service costs. As we approach January, we will have a clearer understanding of the initial data, and by analyzing those numbers, we can obtain a more accurate estimate of the supplemental funding.

As you discuss CAP rates, please let us know what we can do. We need to support DDD and what is going on with the legislature. Thank you. As things evolve in the month ahead, this group will be a valuable resource for collaborating on identifying ways to support the DDD program. We need to prepare as though we will face a similar scenario in the upcoming legislative session. **AHCCCS has until March, correct? It's a 180-day emergency rule.** Yes, the emergency rule can stay in effect for 180 days.

How does the use of the HCBS Tool affect adults, especially those who were assessed and had reductions or increases in service authorization between Oct 1st and the Pause that is Adult Members? The assessment tool for adults did not change when the 10/1 changes went into effect.

Open Discussion

In the future, is there a way to change DDD's budget preparation process to use "authorized" services rather than "utilized" services? Obviously something to consider... When DDD makes its projections, we consider authorized services and any increases we observe and compare them to utilization.

Last week, we discussed a significant amount of money that was paid out to providers. I have been receiving emails from providers stating that they haven't gotten paid. Do we have an update on that? Predominantly because a lot of them thought they would be paid? Some of the delay was due to the new EVV system and the process of validating claims. That was cleared last week, when we made a large payment. We will be working with a few vendors, as they have some issues with EVV. We paused the cadence due to this shift. As they got validated, we paid them out. They can contact Customer Services if there are any other issues.

How is DDD being proactive in increasing the availability of providers in anticipating of the utilization of a new HNT tool and reduction of PPCG hours? ie DTT programs. Do you mean Agency service sites? We have been working with the SCs during our technical support sessions to ensure that members who require day treatment and training are placed on service plans and added to our vendor call system. We are following our current processes and working with our Network Development and Management team to collect information and identify providers who are willing to serve those areas. **As a follow-up, as someone who lives in Flagstaff, I had DTT in the summer program for my son's program for years, and there is still no DTT for kiddos. Could there be an encouragement and push specifically for them. It's not even part of the conversation with those families of that being put.**

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Is there anything we should or could do to have members and families understand that these cuts are just the beginning? We need to work together to get through the next four years. Is there anything we can do to get the word out? You are all in tune with the challenges ahead. At this moment, that is not something that DDD has been encouraged to have those specific conversations about. If and when those conversations commence, we will bring this group and others into those conversations to help inform the long-term trajectory of the program.

We have been compiling resources in case SNAP indeed stops on November 1. We hope it won't be necessary, but here's a list of food banks & locations, along with other resources. Some of the benefits are moot during the shutdown if indeed SNAP stops during the shutdown, and would need to be pointed out or moved from the list during this transitional time <https://azfoodbanks.org/get-food/#find>. While some of these resources are for older adults, the more food available at home for qualifying older adults providing care for a family member with disabilities could help stabilize the stress of the caregiver. Unfortunately, we have found a few resources that now have a waiting list, but not all have that issue. I believe the Emergency Food Assistance Program (TEFAP) is still running

Resources for Native Americans, Food Distribution on Indian Reservations (FDPIR) should, I hope, be working. There are income requirements (so those on SNAP are likely to qualify for all programs listed here as long as the family/person lives in a nation or close by).

[Food Distribution Program on Indian Reservations | Food and Nutrition Service](#)

We would like to thank Encircle Families for adding child care resources to your current newsletter.

[Finding Child Care That Fits: Support for Families of Children With Disabilities](#)

Closing - Zane Garcia Ramdan

Thank you all for your time this morning and input. We look forward to seeing you next year at our next meeting.