



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

2023 Family Support Program Annual Report

July 1, 2022 to June 30, 2023

(Arizona State Fiscal Year 2023)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Our Vision: A Thriving Arizona

Our Mission: To strengthen individuals, families and communities for a better quality of life.

Our Values:

- Integrity: We are honest, transparent, and accountable for our actions and their impacts.
- People First: We prioritize our staff and the people we serve to achieve the best and most equitable outcomes.
- Respect: We demonstrate compassion, treat all people with dignity and kindness and embrace diversity.

Our Goals:

- Serve Arizonans with integrity, humility and kindness.
- Support Arizonans to reach their potential through social services that train, rehabilitate, and connect them with job creators.
- Provide temporary assistance to Arizonans in need while they work toward greater self-sufficiency.
- Provide children with food, health care, and parental financial support; provide services to individuals with disabilities; and protect the vulnerable by investigating allegations of abuse, neglect, and exploitation.

DIVISION OF DEVELOPMENTAL DISABILITIES

Mission:

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

I. Introduction

In 1993, Family Support legislation (currently Arizona Revised Statutes § 36-596.52) was passed which created and defined a family support program for Arizonans with developmental disabilities and their families, subject to funding appropriations. This legislation was developed in partnership with families, advocacy organizations, service providers, and the Arizona Department of Economic Security (ADES) Division of Developmental Disabilities (DDD/Division), who all recognized the importance of family support in achieving the Division's mission. DDD integrates the tenets and philosophy of this legislation into all of its programs and activities through Home and Community Based Services (HCBS). This Annual Report highlights the initiatives and systems that have been successfully implemented and describes the ways DDD individuals and families are supported through DDD and its many partners.

Family support is defined as services, supports and other assistance offered to families with individuals who have a developmental disability, and is designed to:

- Strengthen the family's role as a primary caregiver;
- Maintain family unity;
- Reunite families with individuals who are receiving residential services;
- Include respite care, assistive technology, appropriate personal assistance services, parent training and counseling, home modifications, and assistance with extraordinary expenses associated with the needs of a person with a developmental disability; and

- Reduce the need for residential services.

II. Overview of the Division of Developmental Disabilities

As of June 30, 2023, DDD provides services and support to 51,851 Arizonans with developmental disabilities. DDD believes these individuals are best supported in integrated community settings and tailors its services to meet the needs of individuals and their families.

DDD promotes the use of existing community resources and program flexibility, and coordinates services and resources through central administrative offices, district offices and local offices located throughout Arizona. There are five geographic DDD districts within the state. They include District Central, District East, District North, District South, and District West for individuals over the age of three. There is one statewide district for children ages birth to three years, who are eligible for the Arizona Early Intervention Program (AzEIP). While some services are delivered directly by the state, most services and support are delivered through a network of individual providers and Qualified Vendor agencies throughout Arizona.

Division Eligibility Criteria: To qualify for services and supports through the Division, a person must:

1. Voluntarily apply;
2. Be an Arizona resident and be lawfully present in the United States; and
3. Have at least one of five diagnoses, manifested before the age of 18 that is likely to continue indefinitely:
 - a. Autism Spectrum Disorder - A condition characterized by severe disorders in communication and behavior resulting in limited ability to communicate, understand, learn and participate in social relationships.
 - b. Cerebral Palsy - A permanently disabling condition resulting from damage to the developing brain that may occur before, after or during birth and that results in loss or impairment of control over voluntary muscles.
 - c. Epilepsy - A neurological condition characterized by abnormal electrical chemical discharge in the brain. This discharge is manifested in various forms of physical activities called seizures.
 - d. Intellectual (Cognitive) Disability - A condition that involves sub-average general intellectual functioning, that exists concurrently with deficits in adaptive behavior manifested before the age of 18.
 - e. Down Syndrome - A genetic disorder caused when abnormal cell division results in extra genetic material from chromosome 21, affecting a person's cognitive and physical abilities and causing developmental issues.
4. Have substantial functional limitations in three or more of the following life areas that are directly attributable to the qualifying diagnosis:
 - a. Self-Care: Need significant help with eating, hygiene, dressing, using the bathroom, etc.;
 - b. Receptive and Expressive Language: Communicating with others;
 - c. Learning: Acquiring and processing new information;
 - d. Mobility: The skill necessary to move safely and efficiently from one location to another within the person's home, neighborhood, and community;
 - e. Self-Direction: Managing personal finances, protecting self-interest or making independent decisions which may affect the individual's well-being;
 - f. Capacity for Independent Living: Needing supervision or assistance on a daily basis; and

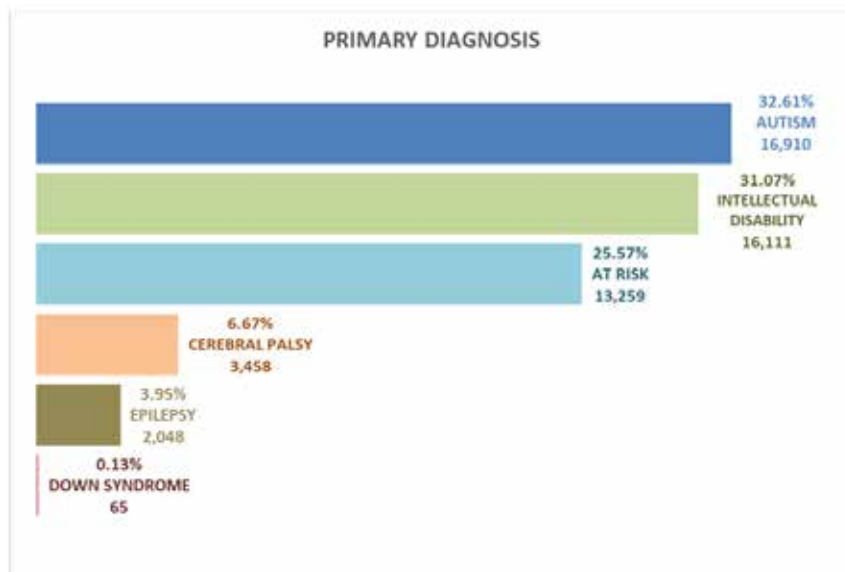
g. Economic Self-Sufficiency: Being financially independent.

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

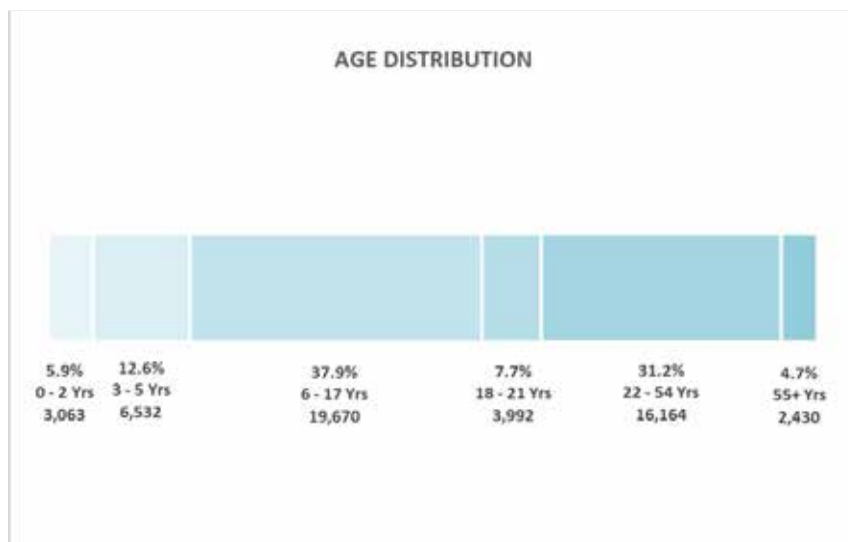
- Autism Spectrum Disorder;
- Cerebral Palsy;
- Intellectual (Cognitive) Disability;
- Epilepsy;
- Down Syndrome; or
- Be at-risk for developing one of the (above) disabilities.

For early intervention services eligibility, children from birth to three years old 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 individuals by primary disability as of June 30, 2023:



DDD supports people of all ages. The following chart shows the breakdown of eligible individuals by age as of June 30, 2023:



DDD provides services through two primary funding sources:

- State general funds; and
- Medicaid.

DDD has three eligibility categories or populations:

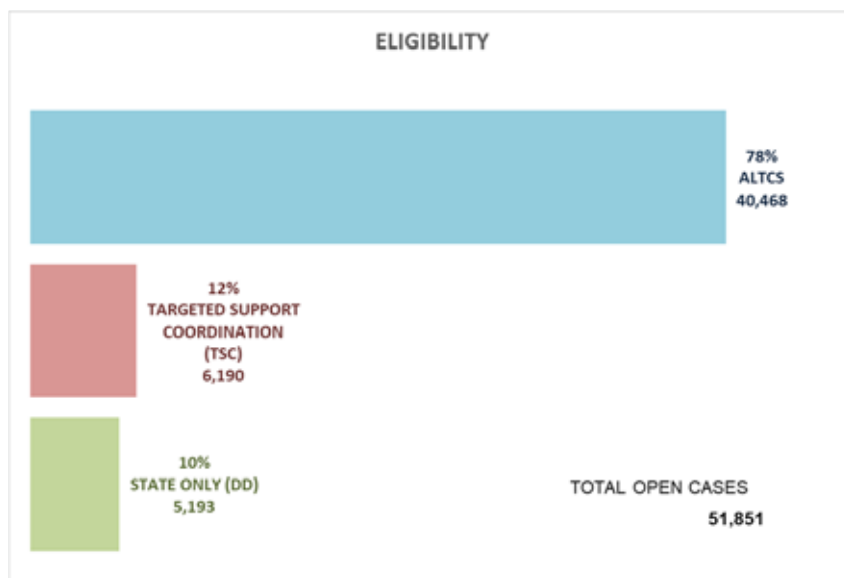
1. State-only funded individuals;
2. Targeted Support Coordination (TSC); and
3. Arizona Long Term Care System (ALTCS) eligible individuals.

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

TSC is a designation by the Arizona Health Care Cost Containment System (AHCCCS) for people who qualify for services through DDD and are eligible for Medicaid acute care through AHCCCS but are not eligible for ALTCS. AHCCCS is the Medicaid agency for Arizona. This program allows the individual or their responsible person to determine the frequency and type of contact he/she wants from their DDD Support Coordinator (case manager). The TSC Program provides support to a member by helping identify community resources and coordinating acute care services provided by Medicaid. These individuals may also receive state-funded services not to exceed DDD’s legislative budget appropriation. For persons under the age of 21, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are covered.

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

The following chart shows the breakdown of eligible individuals by funding source as of June 30, 2023:



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

III. Services and Supports

What is the role of the Support Coordinator?

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

1. Planning and Coordination
 - a. Identifies services based on assessed need;
 - b. Develops the PCSP;
 - c. Makes sure individuals and families know the steps to report when services are not available or if there are problems;
 - d. Coordinates physical health, behavioral health, Children's Rehabilitative Services (CRS), and LTSS; and
 - e. Reviews the member's needs and updates the PCSP as necessary.
6. Brokering of Services
 - a. Identifies community resources for individuals and families;
 - b. Helps make sure the approved funded services are in place; and
 - c. Offers options when the approved services are not available.
4. Facilitation/Advocacy: Provides support for resolution of issues
5. Monitors services
6. Assesses, determines and approves cost-effective services

The Support Coordinator conducts an assessment of the individual's needs to identify services and supports. Services are based on funding availability and may include:

- **Augmentative and Alternative Communication Devices:** Devices that help a person communicate. Each device is tailored to a member's specific needs. The DDD Health Plan provides the device and training for the device;*
- **Attendant Care:** Help with personal care, general supervision for a member who cannot be safely left alone, and housekeeping. This service provides assistance for a member to remain in their home and participate in community activities by attaining or maintaining personal cleanliness, activities of daily living, and safe and sanitary living conditions;*
- **Behavioral Health:** Care and treatment for people with behavioral health needs. This includes crisis services, evaluation and diagnosis, counseling, behavioral health rehabilitation, transportation, respite, medication, psychiatric medication adjustment, and monitoring or inpatient hospital services. These services are provided through the DDD Health Plans;
- **Day Treatment and Training:** Training, supervision, therapeutic activities, and support to promote skill development in independent living, self-care, communication, and social relationships. Services can be provided in both group and individual settings;*
- **Early and Periodic Screening, Diagnostic and Treatment:** Is a comprehensive child health program of prevention, treatment, correction, and improvement of physical and behavioral health conditions for

AHCCCS individuals under the age of 21. These services are provided through the DDD Health Plans;

- **Employment Services:** Individual Supported Employment, Employment Support Aide, Group Supported Employment, Transition to Employment, Career Preparation and Readiness, Center Based Employment, and employment-related transportation;*
- **Home Modifications:** Physical modifications by removing architectural barriers to the home setting that have a specific adaptive purpose to help the individual in performing activities of daily living. These modifications may also help the caregiver in completing activities of daily living for the individual. The modifications support the member in living with more independence and thereby improving his or her quality of life;*
- **Habilitation:** Services are designed to assist Division individuals in acquiring, retaining and improving the self help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. The services include the provision of training in independent living skills or special developmental skills, orientation and mobility training, sensorimotor development, and behavioral management;*
- **Health Plan Services:** Physical Health services, Behavioral Health services, CRS and limited LTSS. CRS is a designation given by AHCCCS to certain individuals who have qualifying health conditions. Individuals with a CRS designation can receive the same AHCCCS covered services as non-CRS. Individuals enrolled in AHCCCS are able to receive care in the community, or in clinics called Multi-specialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one location. The DDD Health Plan assists a member with a CRS designation with closer care coordination and monitoring to make sure their special healthcare needs are met. All LTSS are provided by DDD contracted Qualified Vendors and specialty contractors except nursing facilities, emergency alert system services, habilitative physical therapy for individuals aged 21 and over, and augmentative and alternative communication devices. These four LTSS are provided by the member's DDD Health Plan;
- **Homemaker:** Housekeeping assistance;*
- **Home Health Aide:** Health maintenance, continued treatment or monitoring of a health condition and supportive care with activities of daily living;*
- **Home Health Nurse:** Skilled nursing services that may include patient care, coordination facilitation, and education;*
- **Hospice:** Provides palliative and support care for individuals who are terminally ill and their family members and/or caregivers for the physical, psychosocial, spiritual, and emotional needs as outlined in a specific patient plan of care;
- **Licensed Health Aide:** Provides limited skilled interventions, health maintenance, continued treatment or monitoring of a health condition, and supportive care for activities of daily living at the individual's place of residence or in the community;*
- **Residential Service Options:** (see Section IV);*
- **Therapies:** Occupational, Physical and Speech;*
- **Transportation:** Provides or assists in obtaining various types of transportation for specific ALTCS covered services;* and
- **Respite Care:** Short-term care to provide relief to the caregiver.*

An asterisk (*) indicates services that are available for ALTCS members only.

IV. Residential Service Options

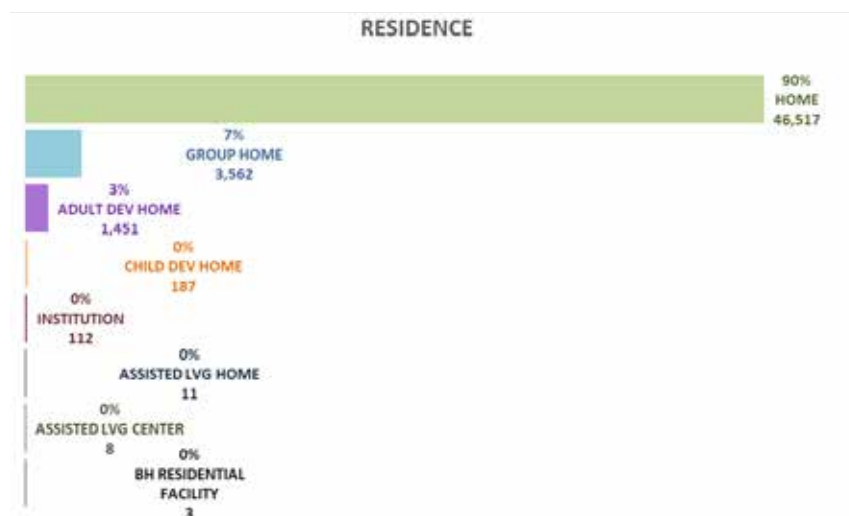
DDD provides services in a variety of living arrangements. The vast majority are community based where most services are provided in the family or individual's home. Individuals supported by the Division are given an opportunity to choose a place to live with the support they need in their communities. Individuals may receive support to live in the family home or to live in their own home or apartment. Other individuals may live in a developmental home or reside in a group home. When an individual is assessed for residential services, the following options may be considered:

- **SUPPORTED LIVING:** This service was formerly known as Individually Designed Living Arrangement. This service supports an individual's choice to live in and access opportunities in their communities through services offered in Supported Living. Individuals choose their own home in the community and their roommates. Individuals assessed for Supported Living services receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, and sensorimotor development.
- **VENDOR SUPPORTED DEVELOPMENTAL HOME (CHILD AND ADULT):** This service supports an individual's choice to live in and access opportunities in their communities through services offered in a family-based home. Residents living in Vendor Supported Developmental Homes receive a variety of interventions designed to maximize their independence including, but not limited to: habilitative therapies, skill development, behavior intervention, and sensorimotor development, and coordination of habilitation services. Residents are supported by paid caregivers, called Developmental Home Providers.
- **GROUP HOME:** This service supports a member's choice to live in and access opportunities in their communities through services offered in a group home. Individuals living in group homes receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, and sensorimotor development. Individuals are supported in a group home setting of their choice to receive services to the extent that they need them. Group Homes support the residents by increasing their independent living skills in managing their household, accessing their communities, and engaging in relationships with others. Residents in group homes make choices about how they spend their time and engage in their community, gain skills, and they receive support to make informed choices.
- **NURSING SUPPORTED GROUP HOME:** This service is designed for individuals who require continuous nursing intervention and/or nursing oversight. This service supports the individual's choice to live in and access opportunities in their communities and supports residents to maintain optimal health. Residents living in Nursing Supported Group Homes receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, sensorimotor development, and nursing support.
- **ENHANCED BEHAVIORAL GROUP HOME:** This time-limited service, designed for individuals who need intensive behavioral supports, or who have had legally imposed restrictions placed upon them to protect themselves and the community at large. This service supports the individual's choice to live in and access opportunities in their communities. Residents living in enhanced behavioral group homes receive a variety of interventions designed to maximize their independence including, but not limited to, habilitative therapies, skill development, behavior intervention, sensorimotor development, and behavior support. This service supports the individual's transition into less restrictive services when clinically appropriate.

Should an individual need a more intensive residential service option, the following settings may be used:

- **Assisted Living Centers:** The facility provides resident rooms or residential units to 11 or more people. Assisted Living Centers may be licensed to provide one of three levels of care listed below, as defined by the Arizona Department of Health Services (ADHS):
 - “Supervisory Care Services” means general supervision, including daily awareness of resident functioning and continuing needs, the ability to intervene in a crisis and assistance in the self-administration of prescribed medications.
 - “Direct Care Services” means programs and services, including personal care services provided to individuals who are incapable of recognizing danger, summoning assistance, expressing need, or making basic care decisions.
 - “Personal Care Services” means assistance with activities of daily living that can be performed by persons without professional skills or professional training. It also includes the coordination or provision of intermittent nursing services and the administration of medication and treatments by a licensed nurse.
- **Assisted Living Homes:** This service is similar to Assisted Living Centers. However, this type of assisted living provides rooms and services to ten or fewer residents.
- **Nursing Facility:** This is a Medicaid-certified facility. This facility offers skilled nursing care, residential care, and supervision to individuals who need nursing services on a 24-hour basis but who do not require hospital care under the daily direction of a physician. This service is delivered by the DDD Health Plans.
- **Intermediate Care Facilities for Individuals with Intellectual Disabilities:** This facility offers health, habilitative, and rehabilitative services to individuals who need them on a constant basis and who would benefit from active treatment services.

The following chart shows the breakdown of eligible individuals supported by the Division by residence as of June 30, 2023:



V. Employment Services

In November 2017, Executive Order 2017-08 declared Arizona an Employment First State, and DDD adopted the Employment First philosophy and policy which includes the belief that competitive, integrated employment should be the preferred outcome for working age youth and adults with disabilities.

Employment First

The Employment First Executive Order requires key state agencies to collaborate with Qualified Vendors of services using Employment First practices to create job opportunities in the community for Arizonans with disabilities. In furtherance of this directive, DDD and the ADES Division of Employment and Rehabilitation Services, Rehabilitative Services Administration, Vocational Rehabilitation (VR) have continued their collaborative efforts to prepare individuals supported by the Division to obtain Competitive Integrated Employment.

Employment Services Team

DDD's Employment Services Team includes Employment Service Specialists and a manager who are subject matter experts on the employment services offered by DDD. The Employment Service Specialists provide technical assistance to individuals interested in employment, their families, caregivers, Support Coordinators, Qualified Vendors, school districts, and community stakeholders. The Employment Services Team participates in local Communities of Practice on Transition, which are groups that meet to collaborate, develop, and coordinate transition services, professional development, and resources related to improving the transition experience for youth who have disabilities. Presentations on DDD Employment Services are made to the Special Education Units of school districts and community groups as requested. Three of these services: Group Supported Employment, Individual Supported Employment, and Employment Support Aid are provided in the community and offer individuals job training and support needed to achieve or maintain successful employment.

There are 1,826 individuals* supported by DDD who are eligible for ALTCS between the ages of 16 and 65 in community-integrated employment as of June 30, 2023:

Service Name	Members Supported
Group Supported Employment	1670
Individual Supported Employment	70
Employment Support Aid	137

*Individuals may be receiving more than one employment service.

DDD offers the following Employment Services:

- **Individual Supported Employment:** This service provides job coaching and/or job search services for eligible individuals supported by DDD. Job coaching is a time-limited service that provides regular contact with the employed individual and their employer. It is intended to help the individual develop specific on-the-job skills needed for successful employment. Job search includes helping to match the individual with a competitive-integrated job. Job search and job coaching may be provided by DDD when the service is not available through VR.
- **Employment Support Aide:** This service provides individuals with the one-to-one support needed to maintain their employment. The services provided will depend on the individual's needs. It is DDD's expectation that this service will be used primarily to provide on-the-job, follow-along support for individuals in competitive employment. These supports could include one or more of the following options:
 - Limited personal-care services;
 - Behavioral supports; and
 - Follow-along supports, such as job coaching.

- **Group-Supported Employment:** This service provides individuals with an on-site supervised work environment in a community-based setting. Individuals are offered the opportunity to work in a setting that allows for maximum interaction with other co-workers or the community and are paid by a Qualified Vendor or employer for work performed in accordance with state and federal laws.
- **Center-Based Employment:** This service is provided in a Qualified Vendor owned or operated setting where individuals participate in paid work and work-related activities. The goal is to improve skills, abilities and behaviors of individuals and encourage them to achieve their vocational outcomes. The Qualified Vendor pays individuals based on productivity in accordance with state and federal laws.
- **Career Preparation and Readiness:** This service helps individuals make progressive moves into integrated employment from Center-Based Employment. Integrated employment includes both competitive employment in the community and group supported employment. Each individual 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 curriculum-based and offers an individual customized instruction, training, and support to promote skill development for integrated employment in the community. The service may also assist an individual in finding unpaid work practice opportunities such as a volunteer job or job shadowing experiences.
- **Employment-Related Transportation Services:** This service provides individuals or assists in finding transportation for work-related needs. All other forms of transportation must be considered prior to DDD authorizing this service which provides non-emergency ground transportation that can be used, with prior approval, to transport an individual:
 - From home; and
 - To/from an employment-related service.

Future Revisions to Employment Services

DDD, with the assistance of consultants, developed revisions to DDD Employment Services to improve employment opportunities for individuals. This includes a proposed new service, Pathways to Employment, for individuals 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 individuals 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 individual and team to determine how long the service is necessary.

Collaboration with Rehabilitation Services Administration/Vocational Rehabilitation

Collaborative meetings between DDD and VR are held throughout the state.

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

The Division's Employment Services Unit continues to partner with the Program Monitoring Unit to prepare and educate approximately 100 Qualified Vendors on the CMS HCBS Setting Rules. These units provide technical assistance on vendor capacity building and development that impacts settings' compliance.

During the Fiscal Year (FY 2023) July 1, 2022 to June 30, 2023, the following number of individuals were

referred, made eligible, and became competitively employed:

- Individuals supported by DDD referred to VR: 738;
- Individuals supported by DDD made eligible for VR services: 250;
- Individuals supported by DDD who obtained Competitive Integrated Employment: 115;
- Average Hours worked by Individuals supported by DDD in Competitive Integrated Employment: 21 hours per week; and
- Average hourly wage of Individuals supported by DDD in Competitive Integrated Employment: \$14.36 per hour.

VI. Provider Network Business Operations

To support choice, individuals and families have a variety of provider agencies to choose from. DDD provides HCBS through a statewide network of for-profit and not-for-profit agencies (Qualified Vendors). A small number of these services are provided through Independent Providers who have received training and have been certified prior to providing services.

DDD contracts with agencies and providers through the Request for Qualified Vendor Application (RFQVA). The procurement for these services was open and continuous until April 1, 2023. The development of a new RFQVA, also known as the Contract, is rolling out in 2024.

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.

Home and Community Based Services Providers	# Contracts
Agencies (Qualified Vendors)	934
Independent Providers	547

VII. Services for Infants and Toddlers and their Families

ADES is the lead agency for Part C of the IDEA. DDD provides Service Coordination for some infants and toddlers enrolled in the AzEIP. AzEIP serves children from birth to three years of age and who have a significant developmental delay or who have an established condition that likely results in the child having a developmental delay. When a child becomes AzEIP-eligible, AzEIP automatically coordinates with DDD to make an eligibility determination for families that choose to share their personal identifiable information. Children who are eligible for AzEIP may also be eligible for services through DDD, the Arizona Schools for the Deaf and Blind, and/or ALTCS.

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

Between July 1, 2022 and June 30, 2023, DDD provided support to 5,443 children who are also AzEIP eligible.

VIII. Acute Care Health Plan Services

ALTCS is unique because it follows a managed-care model. This managed care approach has proven to be cost-effective over many years in Arizona. It was 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 person-centered approach. The supported individual and family are active participants in the planning and the evaluation of services provided.

DDD contracts with two health plans to provide physical and behavioral health services and CRS to eligible individuals. 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; and
- Mercy Care Plan.

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

IX. Behavioral Health Services

As mentioned in the previous section, DDD Health Plans deliver both physical and behavioral health services, including services for individuals with Serious Mental Illness (SMI) designation or those eligible for CRS.

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

Some examples of Behavioral Health Services available to individuals are:

- Crisis services;
- Individual counseling to help improve mood, thoughts, actions, and relationships;
- Family counseling to improve family communication and relationships;
- Peer Support;
- Family Support;
- Psychotropic medication for treatment of certain mental health symptoms;
- Skills Training;
- Substance Use Treatment; and
- Supported Employment.

DDD's behavioral health team includes:

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

As part of its care management responsibilities, DDD collaborates with each contracted health plan to resolve complaints, barriers related to behavioral health service delivery, and identification of interventions to address the complex needs of individuals who require these services. These efforts are accomplished through ongoing and established care collaboration that include:

- Multidisciplinary member staffings;
- Division and health plan care collaboration meetings;
- Weekly calls with health plans on mutual individuals;
- Monthly High Need/High-Cost Program member staffings; and
- Ongoing technical assistance efforts for individuals mutually served by DDD and the public behavioral health system.

In 2022, the DDD Behavioral Health Administration presented information at community town halls including:

- Overview of Behavioral Health Services including DDD Behavioral Health Administration roles, DDD Health Plans, Covered Behavioral Health Services, and the Arizona Crisis System;
- Article 9 and Behavior Supports Manual Updates;
- Program Review Committee (PRC) and the Behavior Plan (BP) Process; and
- Self-Care and Resilience Strategies For Caregivers.

PRC is a committee comprised of a Division employee (Chairperson), and a group of volunteers which include the following:

- Persons qualified in the use of behavior management techniques, such as a Psychologist, Psychiatrist, or a Board Certified Behavior Analyst;
- Parent/Guardian of an individual with a developmental disability;
- Habilitation services professionals;
- Individuals with a developmental disability; and
- A person with no ownership in a facility and who is not involved with directly providing services to individuals with developmental disabilities.

PRC reviews, makes recommendations, and approves the use of BP that include:

- Techniques that require the use of force;
- Programs involving the use of response cost;
- Programs that may infringe upon the individual’s rights;
- The use of behavior modifying medications; and
- Protective devices used to reduce the likelihood of injury from self-injurious behavior.

PRC ensures that individuals rights are being protected and the interventions in the BP are the least restrictive and least intrusive to best support the member.

From July 1, 2022 to June 30, 2023, the PRC reviewed a total of 2,159 BPs statewide.



In 2022, the Division's PRC added a section into the monthly DDD Provider newsletter and shared information on a variety of topics that relate to the PRC process, BPs, positive behavior support, and other topics of interest. Topics included:

- PRC Resource Folder;
- Behavioral support techniques that are prohibited, techniques that require PRC approval, and those positive behavioral support techniques that do not require approval;
- Positive Behavior Support;
- Target Behavior and Function of Behavior; and
- PRC Administration and Technical Assistance.

In January, 2023 all PRC inboxes were renamed for uniformity:

- District North: dddnorthprc@azdes.gov
- District East: dddeastprc@azdes.gov
- District West: dddwestprc@azdes.gov
- District Central: dddcentralprc@azdes.gov
- District South: dddsouthprc@azdes.gov

The District PRCs are overseen by the Division's Board Certified Behavior Analysts (BCBA). The BCBA's are available for technical assistance and to address any concerns.

X. Other Division Activities that Support Arizona's Families

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

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

Support is also offered to those that may be incarcerated for less than 20 days. During the past year, the DDD Justice Reach-in Program supported on average 101 individuals per month. If DDD becomes aware of an individual who has been incarcerated, the Justice System Liaison is available to help. This assistance includes ensuring the detention facility is aware that the individual is supported by DDD and provides a list of the individual's most current prescribed medication(s). The Justice System Liaison also assists the Support Coordinators with resources they can share with the family, such as contact phone numbers for the detention centers, how to make phone calls with the individual, and how to ensure the individual has funds to purchase needed items while detained. The Justice System Liaison, in collaboration with other DDD staff, monitors the individual until they are released, legal involvement is resolved, and they are stable.

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

- Monthly touchpoints with the contracted DDD Health Plans;
 - Monthly Internal DDD Justice Meetings;
 - Quarterly AHCCCS Justice Transition Meetings;
 - Quarterly ACC touchpoints;
 - Quarterly meetings with Regional Parole, Probation, and detention facilities staff;
 - Presenting at the Public Defenders' Conference; and
 - Participating in events, such as Maricopa County Stand Up 2023 Behavioral Health Expo.
- Every month, there are an average of 528 children who are DDD eligible and served by the DCS receiving DDD Residential Services. The two systems work collaboratively to ensure that children receive the service for which they qualify. DDD has a designated DCS Liaison who is focused on facilitating effective working relationships between DCS field staff and DDD's Support Coordination Units.

In further support of these relationships, the DCS Liaison participated in 81 events, including presenting DDD eligibility information to DCS staff and DCS policy information to Division staff. Presentations on DDD eligibility also were provided to DCS contractors such as licensing/adoption, parent aid, 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. In an effort to build community relationships, the DCS Liaison also participates in councils such as Mercy Care's Foster Adopt Kinship Council. Work has also focused on building better communication with DCS through the Likely to be Eligible and Shared Member Report workgroups. The Likely to be Eligible workgroup is a collaboration between DDD and DCS for children placed in DCS custody and are currently not enrolled in DDD. The workgroup has developed an assessment tool to identify if the child may be eligible for DDD. When a child needs a residential placement, the two agencies want to identify the most appropriate option that will not require the child to move when DDD enrollment occurs.

- The Home Modifications Unit received 313 requests for home modification assessments to assess the need for modifications to assist individuals in performing activities of daily living and/or assist the caregiver in completing activities of daily living for the individual. The modifications support the individual in living with more independence and thereby improving their quality of life.
 - There were 188 home modifications projects completed based on medical necessity because durable medical equipment alone was unable to meet the individual's needs.
 - There were 125 assessments that resulted in closures for various reasons, such as:
 - Fifty-one assessments resulted in a referral to the individual's DDD Health Plan for durable medical equipment to meet accessibility needs when completing activities of daily living.
 - Thirty-seven assessments resulted in the family's request for closure because the individual's responsible person chose to opt out of DDD recommended modifications, and sought alternative resources either through the community or on their own.
 - Nine assessments resulted in closures because the individuals did not demonstrate medical necessity for the home modification service.
 - One assessment resulted in closure due to the individual passing away.
 - One assessment resulted in closure because there were multiple individuals supported by DDD living in the same home with the same modification needs; therefore, the need was addressed

by one home modification project that met the needs of all of the individuals in the household.

- Twenty-one assessments resulted in closure because the request is not a covered benefit under the home modification service.
- Multiple individuals living in a residential setting that is licensed or certified by a regulatory agency of the state (e.g. a Group Home or an Adult or a Child Developmental Home) were not eligible for the home modification service. The agency is responsible for ensuring the home is accessible for the person the agency is serving.

The Division's Home Modification Unit served individuals with the provision of 850 types of modifications, detailed below.

To provide an accessible entry to the home:

- There were 130 modifications such as ramps, platform lifts, adaptive stairs, auto-door openers;

To provide an accessible toileting and bathing areas:

- Thirty-three modified toilets;
- Twenty-nine modified sinks/vanities;
- Two Hundred Twenty-One modified showers;

To provide an accessible entry to bathing and sleeping areas:

- There were 187 bathroom and bedroom door modifications;

To promote increased independence for the individual and within the home:

- An additional 250 other types of modifications, such as thresholds, handrails to access stairwells, grab bars, turn landings, bathroom and bedroom flooring replacement for ease of mobility to bathroom and sleeping area (not for hygiene purposes), single lever shower valves, remove architectural barriers to access the bathing and sleeping areas such as relocate/remove walls, etc.

The Home Modification Unit also monitors the projects to address any concerns.

- The DDD Office of Licensing, Certification and Regulation (OLCR) is responsible for licensing Child and Adult Developmental Homes and certifying Individual Independent Providers and Qualified Vendors. OLCR resides within the Division's Network Operations, Management, and Licensing area. A developmental home is a family-based residential setting that can accommodate up to three individuals. Developmental home license applicants must complete background checks, take extensive training, participate in a home study and pass a home inspection. OLCR works in partnership with Qualified Vendors who assist prospective applicants in the application process. The Qualified Vendor provides ongoing support and monitoring of the homes once a license is issued. As of June 30, 2023, there were 1,177 developmental homes statewide. During FY 2023, OLCR issued 132 initial licenses and processed 1,053 renewal applications.

All Individual Independent Providers and Qualified Vendors are required to obtain an HCBS Certificate to contract with the Division and provide services to individuals. The HCBS certificate ensures that all direct care workers have met qualification standards and that all settings used for HCBS services have met safety standards. As of June 30, 2023, there were 554 certified individual independent providers and 761 certified Qualified Vendors. OLCR processed 539 renewal applications for Qualified Vendors. During FY 2023, OLCR issued 81 initial certifications to Qualified Vendors.

A critical component of both licensing and certification is the setting inspection. All settings must demonstrate compliance with rules pertaining to general cleanliness, storage of medications, storage

of toxins, fire, electrical, swimming pool safety, and several other areas. Developmental homes are inspected annually. HCBS service sites are inspected every two years. During FY 2023, OLCR inspectors completed 1,624 inspections of developmental homes and HCBS service sites throughout the state.

- DDD and Rehabilitation Services Administration/Vocational Rehabilitation (RSA/VR) continue to work collaboratively to streamline and facilitate services as required in the April 2020 DDD/VR Memorandum of Understanding.
 - The Employment Services Manager and the VR Statewide Developmental Disabilities Coordinator meet bimonthly to discuss best practices, program improvement ideas, and to strengthen collaboration between both agencies. Quarterly meetings are held with DDD Employment Service Specialists and VR Counselors who serve DDD individuals to provide updates, increase knowledge of community resources, and discuss how to best support DDD individuals.

Along with DDD's Community Engagement Manager and Coordinator, Employment Services Specialists participate in outreach presentations to individuals, 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 to educate the public on employment services.

DDD collaborates with other state agencies and stakeholders, through participation in the Arizona Statewide Community of Practice on Transition, which meets monthly and has developed a Transition Guide for families. In addition, DDD has representation at many of the smaller, local Communities of Practice on Transition including school districts, providers of service, advocates, and other state agencies. The goal is to promote post-secondary transition employment opportunities, such as continuing education in a community college or trade school, or referral to RSA/VR for Community Integrated Employment.

- DDD's designated Tribal Liaison works with the other ADES Tribal Liaisons to facilitate effective working relationships with Arizona's 22 Tribal Nations. This includes visits to individual tribal nations, joint presentations, and facilitation of inquiries from both DDD and the tribes. During FY 2023, DDD participated in the following tribal activities:
 - Twenty-one outreach events;
 - Three in-person presentations to tribes;
 - Four virtual presentations to tribes;
 - Four virtual meetings with tribes; and
 - One virtual Tribal Consultation.

As of June 30, 2023, DDD has 2,422 individuals identified as American Indian/Alaska Native. The DDD Tribal Liaison tracks tribal affiliation for the 22 Arizona Tribal Nations 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 individuals 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 118 members of the Navajo Nation per month during FY 2023.

- DDD has a Bachelor of Social Work (BSW) and Master of Social Work (MSW) Internship Program with various universities to provide opportunities for social work students to gain practical field experience working with DDD individuals. This collaboration with universities/colleges is an approved field placement for course credit. It is also an opportunity to expose students to individuals with developmental disabilities in the community and to help recruit potential new employees for DDD.

During the 2022-2023 school year, there were a total of two BSW and one MSW students who worked as paid interns through DDD.

- DDD's Health Care Services continues to facilitate the AHCCCS High Need/High Cost Program. This is done through the ongoing identification of individuals who meet the criteria for the program. Program individuals' needs are staffed with DDD's subcontracted health plans and behavioral health providers when appropriate. DDD has convened an internal workgroup to refine the criteria and process for this program.
- DDD contracts with Ability360 and DIRECT Center for Independence to provide curriculum development and training to assist individuals in learning self-determination and self-advocacy. Self-determination promotes learning decision-making skills to apply in everyday life. Project objectives include focusing on abilities, developing a self-determination community, member-controlled provider contracts, individual budgeting, and promoting programs that support the inclusion of individuals with disabilities. During FY 2023, 242 individuals enrolled in DDD participated in the self-advocacy and self-determination classes.
- DDD contracts with Raising Special Kids to provide peer family support services. Raising Special Kids provides advocacy opportunities through education, training, information, encouragement, and support to individuals, 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. In addition, other groups include:
 - Developmental Disabilities Advisory Council (DDAC), a Governor-appointed council that advises the DDD Assistant Director and that is comprised of a cross-section of people in the community. The council reviews new policies and policies that have major changes before the Division submits them for public comment.
 - Independent Oversight Committees (IOCs), groups of volunteers who provide support and review in matters concerning the rights of people with developmental disabilities. These volunteers ensure the rights of individuals, review incident reports of possible abuse, neglect, or denial of an individual's rights, and make recommendations to the Division to ensure the protection of the rights of individuals receiving behavioral health and developmental disability services. The committees also review new policies and policies that have major changes before the Division submits them for public comment.
 - The DDD Assistant Director's Focus Group with self-advocates and advocates. This committee meets and interacts with DDD executive leadership to direct strategic planning, process improvement, and decision-making for the DDD's physical and behavioral health delivery system.
 - The DDD Self-Advocate Group meets and interacts with DDD executive leadership to direct strategic planning, process improvement, and decision-making for DDD's Long Term Care Services and Supports and physical and behavioral health delivery system. Self-advocates identify topics they want to learn more about and Division staff invite subject matter experts to present the information.
 - PRCs, volunteers who review BP and provide guidance on strategies addressing behaviors that interfere with DDD individuals' ability to lead self-directed, healthy and meaningful lives.

- Stakeholder Workgroups, DDD engages individuals, families, advocates and providers to continuously improve the system.
- DDD's Workforce Development Manager collaborates with AHCCCS, Qualified Vendors, subcontracted integrated health plans, and other stakeholders to ensure individuals receive services from a workforce that is qualified, competent, and sufficiently staffed in an interpersonally, clinically, culturally, and technically effective manner. DDD has implemented an operational infrastructure for workforce policy management that monitors and manages the Workforce Development Plan and other related activities.
- DDD's Policy Review Team (PRT) meets monthly. The PRT is responsible for the annual policy review, policy approvals and clarifications. New policies or major policy revisions are shared with the DDAC and IOC per state law. New policies and major policy revisions are posted to the DDD website for public comment and review.
 DDD provides policy updates through an opt-in list. Families, members and community stakeholders submit their contact information to the DDD Policy Unit to receive email updates when there are changes to policy. There are currently over 720 individuals on the opt-in list.
- DDD continues to make improvements to its web pages on the ADES website. Information is properly organized in an easy to follow format ensuring accessibility for all users.
- New Support Coordinators complete over 150 hours of initial classroom training upon hire that teaches them the philosophy of DDD, how to recognize and report maltreatment and abuse, the critical components of person-centered planning, care coordination and provides the foundation for further on-the-job training. The skills developed during the training are reflected in the interactions Support Coordinators have with individuals and families. New State-Operated Group Home staff complete over 90 hours of initial instructor-led training upon hire that teaches them the philosophy of DDD and person-centered approaches, how to recognize and report maltreatment and abuse, and the critical components of respectful, appropriate active treatment and care. The Division operates Intermediate Care Facilities (ICFs) and new staff within these ICF settings also receive the same training. In addition, these staff are regularly required to renew their training in Cardiopulmonary Resuscitation/First Aid, Prevention and Support, Article 9, and Prevention of Abuse and Neglect. DDD contracts with Relias Learning to provide online courses to all employees to increase their knowledge and awareness of cultural competency, person-centered philosophies, supporting individuals with complex healthcare needs, and dual diagnoses.
- DDD operates a step-down home. This State-Operated Group Home is designed to facilitate timely transition of individuals who are discharge-ready from inpatient facilities back into the community. The program consists of two short-term community-based beds and intensive on-site support services to assist in linking qualified individuals 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 person-centered community reintegration plan.
- DDD's Office of Individual and Family Affairs (OIFA) provides support to the IOCs within each district across the state. These committees are made up 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 individuals receiving services;
 - Review BPs that involve the use of behavior-modifying medications or aversive techniques;
 - Review proposed research involving individuals receiving services; and

- Make recommendations to DDD about proposed changes needed to protect the rights of individuals receiving services.
- The DDD OIFA team includes a Behavioral Health Advocacy Unit that supports:
 - Adults who are DDD-eligible with co-occurring behavioral health, general mental health, substance use needs, and/or individuals with a SMI designation; and
 - Children who are DDD-eligible with behavioral health and/or substance use needs and the families of these individuals.

Staff in this unit have “lived experience” receiving behavioral health services and/or navigating a public behavioral health system. This team is experienced in working with people including individuals with special healthcare needs, families, youth, advocates, and key stakeholders. The advocates provide support and guidance to individuals and families with community resources and navigating the behavioral health systems of care. The advocates collaborate with the DDD Health Plans, AHCCCS, and the OIFA Alliance to educate and support individuals, 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 continuing education to stay current on changing system trends and best practices. During FY 2023, the advocates received 174 unique referrals; 76 of these referrals were individuals over the age of 18 and 98 of these referrals were individuals under the age of 18.

The advocates have conducted over 175 outreach events to include:

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

The Behavioral Health Advocacy Unit also has:

- Provided input in both Division and AHCCCS policy updates and revisions;
- Participated in multiple workgroups and committees regarding Peer and Family Support Services, Dual Diagnosis, Positive Behavior Support, and others;
- Represented the Division as a board member to the AHCCCS Behavioral Health Planning Council;
- Served on the Trauma-Informed Approach Collaborative Council for the Governor’s Abuse and Neglect Taskforce; and
- Presented with the AHCCCS Family Support Education Taskforce.
- DDD’s Quality Management System (QMS) includes the Incident Management System which is the automated system for incident reporting. For Quality of Care (QOC) concerns, the Division utilizes the AHCCCS Quality Management (QM) Portal which is a confidential system for completing QOC investigations. The purpose of the AHCCCS QM Portal is to assist in the promotion of health, safety, and welfare of individuals with developmental disabilities through active reporting, fact-finding, tracking and trending of incidents, and the implementation of both individual-specific and systemic-corrective

actions and prevention strategies.

- DDD's QM Program Monitoring Unit conducts onsite monitoring of group homes, center-based programs (Day and Employment), and Developmental Homes (Child and Adult) for compliance with contractual and programmatic standards. The auditors also complete monitoring reviews at the vendor level who provide HCBS and Developmental Home services each year for compliance with contractual and programmatic standards. The unit also completes audits of the Direct Care Worker training programs across the state. The unit is responsible for assessing compliance with Medicare and ADHS requirements for ICFs within the state-operated or funded locations.
- Credentialing is the process of verifying the credentials of LTSS providers and to assess their background and legitimacy for providing services to individuals supported by the Division. Initial credentialing is conducted for all new vendors applying to provide services and re-credentialing occurs every three years thereafter. Reviewed areas include, as applicable, a review of the Contract Agreement, licensure and on-site inspection and program monitoring reports for residential settings and day programs, certification verification, liability insurance verification forms, incident reports, fact-findings, QOC concerns, complaints, post-payment audits, contract actions, and corrective action plans. Credentialing is an essential process that contracted agencies must go through to ensure those providing services are qualified to do so.
- OIFA includes the Division's Customer Service Center (CSC). This unit is responsible for taking calls from the community and managing grievances and inquiries for members, families, and providers. In addition, the CSC Provider Relations Unit is responsible for providing initial and ongoing WellSky Human Services training and technical support. In 2022 the WellSky Human Services System was implemented as the HIPAA-compliant billing system that Qualified Vendors use to submit claims. This unit works to close grievances within 10 days for individuals and 30 days for providers. All grievances need to be closed within 90 days of receipt. The CSC provides monthly, quarterly, semi-annual, and annual reports to DDD's management team. These reports include a myriad of information such as closure compliance and complaint trends.

During FY 2023, the CSC had the following metrics:

- Monthly Average Calls: 2,150
- Total Grievances: 2,004
 - Individuals enrolled in DDD: 1,054
 - Provider: 950
- Average Resolution: 18 days
 - Individuals enrolled in DDD: 20 days
 - Provider: 17 days
- The OIFA Provider Publications Manager audits all Qualified Vendor websites to verify the functionality of links, accuracy of approved services for individuals, the use of people-first language, the most up-to-date versions of all posted government forms and publications are available, and accuracy of legal references (for example: statements of 501(c)(3) Qualifying Charitable Organization or Qualifying Foster Care Charitable Organization status). Website deficiencies are tracked by the DDD Publications Manager and communicated to providers.

The DDD Provider Publications Manager also verifies the presence of AHCCCS-required information in a yearly audit of the Division's website and the websites of the DDD Health Plans, and ensures any deficiencies are corrected. Provider brochures are reviewed for reading level compliance, accuracy of

legal references/citations, and the use of people-first language. Provider presentations are reviewed for accuracy of legal references/citations, the use of people-first language, and approved status to perform the services cited in the presentation.

- The federal government ended the COVID-19 Public Health Emergency (PHE) in May 2023. The federal government had communicated to state Medicaid agencies beginning in mid-2022 that those flexibilities would be available until the quarter in which the PHE was terminated. During the PHE, flexibilities in standard business practices and service delivery, approved by the CMS, were made available to ensure the health and safety of individuals supported by the Division throughout the PHE. Throughout the second half of 2022 and the first half of 2023, the Division regularly communicated with stakeholders its intent to unwind each available flexibility. It continued to update its Actions Related to COVID-19 page and consolidated all flexibilities into a single table that showed the start and end date of each flexibility for easy reference.
- The Division provides outreach and education throughout the year. During monthly, virtual Town Hall events, an array of guest speakers shared information in support of individuals, families, and Qualified Vendor agencies. Topics included:
 - Chronic Disease Management;
 - Heat, Car Seat, and Water Safety;
 - DDD Dental/Oral Health Benefits;
 - EPSDT Benefits for individuals eligible for DDD;
 - Aging with Down Syndrome and Dementia;
 - Social Determinants of Health;
 - Inclusion Revolution! Special Olympics Arizona;
 - Employment Services and VR;
 - DDD Affordable Housing;
 - This is My Life Program, presented by Ability360 and Direct Advocacy & Resource Center;
 - Behavioral Health Crisis Lines and Warm Lines;
 - Fire Safety; and
 - Justice Reach-in Care Coordination Overview.

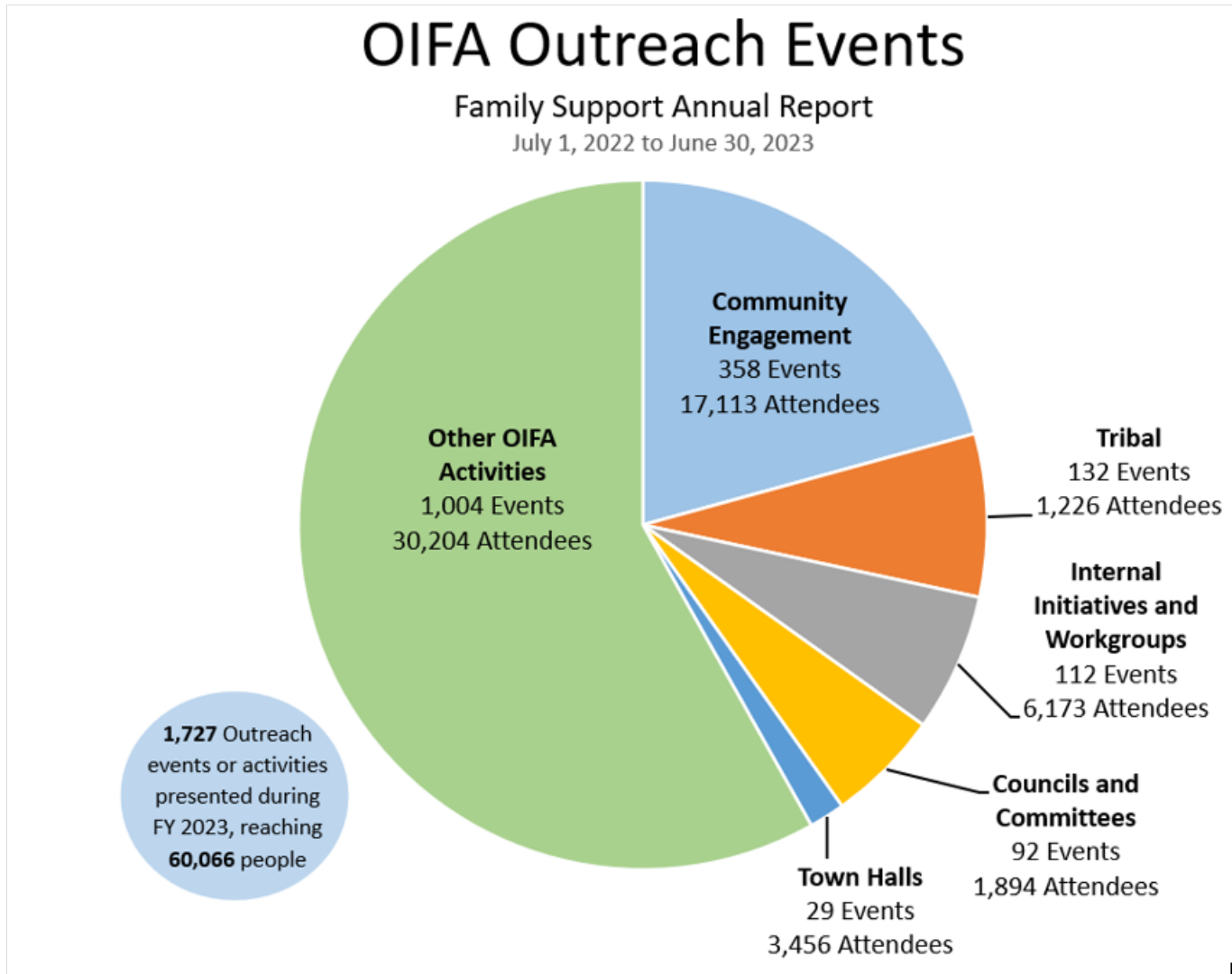
OIFA has a team dedicated to community engagement activities including conferences, presentations, resource fairs, community events, stakeholder meetings, and school parent fairs/events. For the FY 2023, this team participated in 358 outreach activities and interacted with 17,113 people in person and virtually.

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

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

In total, the DDD OIFA teams participated in over 1,615 outreach events, reaching more than 53,893 people. In addition, the OIFA Team participated in 112 DDD internal initiatives and work group events

with 6,173 attendees.



- The Division offers the Medallion Program for individuals enrolled in DDD for safety and protection during emergencies. The individual is given an identification band or tag that is engraved with the individual's DDD identification number and a 24-hour DDD toll free number. First Responders can call the toll-free number during an emergency and DDD will give necessary information to help the individual. These identification bands or tags are provided at no cost to the member. In FY 2023, 173 Medallion requests were received and fulfilled by DDD-OIFA.
- ADES facilitates Informational Forums along with the other ADES programmatic divisions including the Division of Aging and Adult Services, the Division of Employment and Rehabilitative Services, the Division of Benefits and Medical Eligibility, the AzEIP, the Division of Child Support Services, the Division of Child Care, and the Division of Community Assistance and Development. 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 stakeholders attend these events and the DDD OIFA Community Engagement Team provides

updates on initiatives and answers questions.

- The Office of Administrative Review oversees all of DDD's functions involving appeals, claim disputes, administrative reviews, and hearings. It also reviews this data for trends and areas for improvement.
- DDD continues to participate in the National Core Indicators (NCI) Project, a voluntary effort by state developmental disability agencies to track their performance using a standardized set of individual 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 individuals 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 then can be evaluated on subsequent survey cycles. Specific surveys include the Adult In-Person Survey, which is conducted during a face-to-face virtual conversation with the individual and a third-party interviewer. There are three family-related surveys conducted by mail, one each for adults and children living in the family home, and a third for adults living outside the family home. The selection of individuals and their families to participate in the surveys are random. NCI Survey results from 2019, 2020, and 2021 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 survey interviews. To improve the quality and stability of the workforce of Direct Support Professionals who assist individuals with intellectual and developmental disabilities, DDD participates in the NCI State of the Workforce Survey. More information on the NCI and State of the Workforce Survey, along with reports from previous years, can be found at the NCI website here: <https://www.nationalcoreindicators.org/>.

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

XI. A Snapshot of FY 2023 Accomplishments

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

- The Division continues to work on its Current 2 Future (C2F) initiative that is the basis for its strategic plan. The goal of C2F is to embed a culture of compliance while moving forward to focus on innovative and forward-thinking strategies to address the identified priorities for individuals interacting with the DDD system. Through conversations with individuals, families, providers, advocates, and DDD staff; the priority focus areas for DDD are (1) Improve Member Experience (2) Continuous Improvement, (3) Workforce Development, and (4) Strengthen Community Partnerships. Future phases of the C2F Initiative and the specific projects undertaken in each phase will primarily impact at least one of these

key areas.

Improve Member Experience:

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

The Division also believes that integrating payment systems and aligning incentives that seek to efficiently and effectively improve health outcomes will only go so far in ensuring individuals have the ability to fulfill their vision of the future. People with developmental disabilities have historically been marginalized and often have fewer opportunities to access social, economic, recreational, and other life-enhancing resources that, if presented, could act as preventative measures to future chronic conditions.

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

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

Continuous Improvement:

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

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

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

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

Person-centered planning is built on the values of inclusion and looks at what support a person needs to be involved and included in the community in which they live and of their choosing. It offers an alternative to the medical model of disability planning which is set up to assess need, allocate services, and make decisions for people. Person-centered planning is rooted in the social model and

aims to empower people who have traditionally been disempowered. The Division offers support and services to help empower people with disabilities. DDD contracts with two agencies to offer free self-determination and self-advocacy skills development, training, and encouragement to people 16 and older who are enrolled in the Division. Another program the Division supports through a contract is Partners in Leadership. This free innovative leadership training program is designed to teach people with disabilities to be community leaders, and to affect system and policy change at the local, state, and national levels. The Division will continue to look for opportunities that enable people with disabilities a voice and a choice in living their lives to the fullest.

The Division uses information gathered from data metrics, surveys, stakeholders, and its own observations to identify quality improvement opportunities for individuals and individuals that may be eligible. The Division solicits input from the stakeholder community by inviting participation in workgroups, submitting policies and rules for public comment, and through the collaborative relationships we have with the provider community, advocacy organizations, and advisory councils. This feedback allows the Division to target areas for improvement that are of concern to the people that use the system.

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

Workforce Development:

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

- DDD Workforce

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

- Systems

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

- Leveraging Data and Data Analytics

The availability of reliable and valid information and the capacity to make that information actionable is critical to the decision-making process. Data-driven decision-making is the best way to ensure the Division's mission is realized. However, determining the most effective way to utilize data, and having the time and resources to effectively review or explore data can produce

challenges. As a result, there is an increased value and emphasis being placed on leveraging the data that currently exists and ensuring it is available, reliable, and valid. In addition, the Division is committed to using quality data specific to people with developmental disabilities such as the NCI data to influence its business decisions and determine performance.

Strengthen Community Partnerships:

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

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

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

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

- In the past year, 358 presentations and various types of events were provided to school districts, first responders, contracted providers, and community stakeholders, including health care providers and tribal entities. DDD interacted with 17,113 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 support available through DDD's OIFA.
- DDD continues to use technology to increase communication with individuals and families. This allowed DDD to send electronic newsletters to more than 44,000 member and family email addresses monthly. These newsletters are in addition to the bi-annual newsletters that are mailed to all individuals. Copies of all newsletters are available in both English and Spanish and uploaded to the current Member Resources page on the DDD website enabling individuals who have not subscribed to read the information in digital format.
- DDD continues to use its Facebook page to communicate with individuals, families, and stakeholders. User growth continues to progress. DDD encourages individuals supported by the Division, families, and stakeholders to follow DDD on Facebook, its newsletters, and through communications with Support Coordinators.
- Through two Section 811 Project Rental Assistance (PRA) Program grants, the Division collaborates with the Arizona Department of Housing and AHCCCS to obtain and maintain affordable housing for DDD members. The Section 811 PRA Program enables individuals with disabilities who are income and ALTCS eligible, to live in integrated affordable housing. The 811 PRA grants provide a subsidy for approximately 105 apartments throughout the state of Arizona. Apartments are leased as vacancies occur.

In partnership with the Housing Authority of Maricopa County (HAMC), and Gorman & Company, DDD

was allotted 30 apartments at Coffelt-Lamoreaux Apartment Homes as part of affordable housing opportunities. These units continue to be a great opportunity and remain filled.

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

Between July 1, 2022, and June 30, 2023, 96 individuals were referred to DDD Affordable Housing and 13 individuals were able to move into the 811 PRA Units, Coffelt-Lamoreaux, and vouchers utilizing a housing subsidy. One individual who was homeless, was able to successfully obtain housing through the DDD Affordable Housing Program.

- DDD uses a heat map to geographically identify where individuals supported by the Division who identify as American Indian/Alaska Native live.
- During FY 2023, DDD held three Tribal Informational Forums and provided DDD specific information to the tribes and tribal partners serving the DDD tribal members. Information regarding affordable housing options, an overview of the DDD Justice Program, and an overview of the DDD Program eligibility requirements, and how the THP relates to the DDD services was provided during these forums.
- The Employment Services Unit provides training and technical assistance in the latest developments and best practices in employment services to the DDD's Support Coordination Units and Qualified Vendors. The Employment Service Specialists attend Support Coordination Unit meetings to provide updates on employment services and answer questions. 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 individual's needs. There is a two-day training for Support Coordinators on the seven DDD Employment Services and the role of RSA/VR in assisting individuals 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. 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 at specific age milestones for all individuals supported by the Division. The Eligibility Unit makes initial eligibility determinations in less than 60 days and eligibility determinations on referrals from ALTCS and AzEIP in less than 30 days.
- OIFA has a Volunteer Coordinator who assists with recruitment, training compliance, and engagement and retention activities for the PRC, the IOCs, and the DDAC. The Volunteer Coordinator assisted with the following activities during this FY:

The Holiday Gifts From The Heart Program - In December of 2022, DDD had the opportunity to make the holiday season brighter for DDD individuals and their families who were less fortunate and in need. The Division connected 301 individuals to 116 sponsors. This was an increase of 125 percent for individuals from last year and a 115 percent increase in sponsors. There was a grand total of 1,101 people that received a holiday gift(s) during this season.

Volunteerism Community Fair - On February 25, 2023, DDD hosted its first Volunteerism Community

Fair. It was well attended and a success. There were 44 nonprofit agencies that attended as exhibitors, as well as food, DJ music, musical performances and a visit by the Arizona Cardinals Cheerleaders. Many local nonprofits asked how they could partner with ADES for the next fair.

- The ADES DDD Volunteer Appreciation Event - On April 18, 2023, during National Volunteer Appreciation Week, the Division celebrated and thanked the hundreds of volunteers who serve alongside the DDD team. The Division relies on volunteers to help guide policies and procedures through organizations like the Governor-appointed DDAC, the PRCs, and the IOCs. Additionally, volunteers who work with the DDD team in its offices play a huge supportive role in helping DDD to be the best human services agency possible for individuals with intellectual and developmental disabilities. The Volunteer Appreciation Celebration featured a slate of prominent community leaders, including messages from Governor Katie Hobbs and Senator Kristen Sinema. Attendees were also treated to live music, laughter, and lunch. During an awards presentation, two organizations and six individuals were recognized for their outstanding contributions and commitment to DDD individuals and families.
- With the winding down of the PHE and the three years of potential isolation of caregivers, DDD recognized the need for caregivers to be reminded they are not alone. On April 25, 2023, DDD, in partnership with AHCCCS, Diverse Ability Incorporated, the DDD Health Plans, Northern Arizona University Institute for Human Development, the Sonoran University Center for Excellence in Developmental Disabilities, and Raising Special Kids, supported a day-long conference. The conference was Self-Care for Caregivers.

Attendees participated in various networking activities, breakout sessions, and general sessions.

There were 35 exhibitors from a variety of organizations, including health plans, self-help organizations, advocacy agencies, behavioral health agencies, state and city service representatives, Celebrity Cruises, Ability360, home organizers, and legal resources, to name a few.

More than 400 people registered, with nearly 300 in attendance.

DDD's Assistant Director Zane Garcia Ramadan welcomed attendees to the conference. Our keynote speaker was Michele Thorne with Care for Caregivers. Her message was to remind all caregivers that they are not alone. She educated people about her organization and introduced its webpage, showing caregivers how to navigate the site and take advantage of the variety of support and resources available.

There were speakers who talked about the benefits of self-care through art, yoga and guided meditation, movement, and even the importance of a vacation. In addition, there were speakers on burnout, resilience, and resources; trauma-informed care basics; maximizing your tax refund; practical self-care strategies; imagining a great life for transition-age youth and young adults; legal options: guardianship and alternatives; LGBTQ+ youth inclusivity; even conquering your clutter. There was a closing panel discussion presented by Arizona youth leaders of Diverse Ability Incorporated on skill building leading to letting go.

Networking activities included a Bingo game in which caregivers interacted with the exhibitors and had their Bingo cards signed to learn about the topic. In addition, caregivers were provided a card with some characteristics, and they were asked to interact with other caregivers at the conference to find someone who shares their interests and characteristics. Once the Bingo and introduction cards were completed, attendees turned them in to the Planning Committee members to be used in a drawing. Each table in the main ballroom had cards with questions to encourage conversation between attendees. Exhibitors were asked to donate a gift card, self-care item, or gift basket as drawing prizes.

Every attendee was given a bag of educational resource materials when they left the conference. The educational materials gift bag included several self-care items and affirmation cards. Attendees left with self-care activity challenges to continue to remember the need to care for themselves so they can continue to care for others.

There were just under 100 surveys returned, and the overall feedback was very positive. Ninety-five percent of the respondents rated the conference very good to excellent. The energy during the conference was amazing. People were happy to be there, to meet other caregivers, and to share their stories.

Here are some of the quotes from the surveys on key takeaways:

“There is so much help and resources out there, and I’m not alone in my struggles.”

“I felt pampered and emotionally fed in addition to learning some new skills.”

“It’s been everything that I didn’t know that I needed.”

Thanks to all in the Division and our partner agencies who participated in the conference and who supported it during the many planning days. The day had many moving parts and required many minds and hands to get the work done. Also, thanks to all those who helped out on the day of the event.

DDD is planning to support more Self-Care conferences next year, one in Tucson and one in Phoenix.

XII. Conclusion

As the nation moves out of the COVID-19 public health emergency and a return to normal operations, the Division continues to focus on ways to improve the members’ experience with the Division. The winding down of COVID-19 flexibilities allowed members, vendors, and staff to prepare for changes to operations effectively and efficiently. The Division continues to work on initiatives that address gaps in services through its Current 2 Future strategic plan. Much of the groundwork for improvements to the behavioral health system were completed this year and the fruits of that work will be realized in FY24. The Division will also continue to build on the work completed this year to embed person-centered principles across the program to better serve its members and their families today, tomorrow and in the future.