

Maximizing Your DDD Services

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Disclaimer

Arizona Lionhearts developed this material for educational purposes only. This publication is intended to provide a reference for those interested in learning about DDD and its HCBS services. Points of view are those of this author. They do not necessarily represent the official position or policies of the Arizona Health Care Cost Containment System (AHCCCS), the Department of Economic Security (DES), and the Division of Developmental Disabilities (DDD).

Division of Developmental Disabilities (DDD)

DDD (Division of Developmental Disabilities) falls under the umbrella of The Department of Economic Security (DES). DES is the safety net agency for the State of Arizona. As one of the largest agencies in state government, DES serves more than 2 million Arizonans annually through more than 40 programs that address the social and economic needs of those they serve. DES's more than 8,000 employees serve Arizonans from Phoenix to Tucson, Yuma to Flagstaff, and Douglas to Page.

The Division of Developmental Disabilities empowers individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives. DDD provides support and services for eligible Arizonans. DDD provides support and services to individuals diagnosed with one of the following developmental disabilities:

- Autism:
- Cerebral palsy;
- Epilepsy;
- Cognitive / Intellectual Disability;
- Down Syndrome, or
- Children under the age of six who are at risk of having a Developmental Disability

DDD serves more than 40,000 people with developmental disabilities and their families annually throughout Arizona.

DDD Qualifications and Application

Qualifications and Requirements

AGES 0 (BIRTH) to 3

For early intervention services, children age bith to 3 must have a significant delay in one or more developmental areas or an established condition that could lead to a developmental disability. To make a referral for a child, please contact AzEIP Central Referral Line (Raising Special Kids) toll-free at (800)

237-3007 or by email at <u>AzEIP.Info@raisingspecialkids.org</u>. Once a child has been made eligible for AzEIP, with the family's consent, DDD eligibility will be determined.

AGES 3 TO 6:

A person age 3 years to 6 years must 1) voluntarily apply, 2) be an Arizona Resident, and 3) either have one of the following developmental disabilities: Autism Spectrum distorder, Cerebral Palsy, Intellectual (Cogniative) Disability, Epilepsy, Down Syndrom OR be at reisk developmiung one of these disabilites to qualify for DDD services.

FAQs

How do I know?

A developmental assessment, provided by a medical professional or school evaluator trained in child development, can be used to identify a developmental delay that could lead to a developmental disability.

Who can provide the information to me?

- Professionals training in early childhood development include
- Licensed Physician, such as Family Physician or Neonatologist
- School Psychologist
- Licensed Psychologist
- Ear;l.y Childhood Education Specialist
- Nurse Practitioner
- Physician's Assistant
- Neurologist.
- Clinical Geneticist
- Pediatrician Including Developmental Pediatrician

Are there other disabilities accepted?

Yes: Spina Bifida with Arnold Chiari Malformation, Periventricular Leukomalacia, Chromosomal Abnormalities with high risk of Intellectual Disability, Post-Natal Traumatic Brain Injury (such as Shaken Baby Syndrome or near drowning), Hydrocephaly, Microcephaly, disorders due to drug or alcohol (such as Fetal Alcohol Syndrome) and birth weight under 1000 grams with neurological impairment.

AGES 6 TO ADULTS

A person must 1) voluntarily apply, 2) be an Arizona resident, 3) be diagnosed with a developmental disability (listed below) which developed before the age of 18 and is likely to continue indefinitely, and 4) there must also be significant functional limitations in daily life skills related to the disability (listed below)

- **Cerebral Palsy:** The evaluation report must include a description of how the practitioner decided on the diagnosis. DDD accepts evaluations by a licensed physician.
- **Epilepsy:** The evaluation report must include a description of how the practitioner decided on the diagnosis. DDD accepts evaluations by a licensed physician.
- Autism Spectrum Disorder: The evaluation report must include a description of how the practitioner decided on the diagnosis. DDD accepts evaluations by a licensed Psychiatrist, Licensed psychologist, Child Neurologist, Developmental Pediatrician, and Pediatricians with Specialized training in Autism.
- Intellectual (Cognitive) Disability: The evaluation report must include standardized intellectual testing (IQ) and adaptive behavior testing that leads to the diagnosis or Special education category of Intellectual disability. The Individual Education Plan (IEP) and Multidisciplinary Evaluation Team report (MET) can be used together. DDD accepts evaluations by a licensed psychologist or certified school psychologist.

• **Down Syndrome:** A licensed primary care physician, developmental pediatrician, neonatologist, or clinical geneticist shall diagnose Down syndrome. The physician shall submit the diagnostic prenatl or postnatal genetic testing results and a report to the department documenting how the practitioner came to the diagnosis based on the diagnostic prental or postnatal genetic test.

Substantial Functional Limitations: In addition to being diagnosed with at least one developmental disability, the person must show significant limitations in daily life skills due to their qualifying diagnosis in 3 of the following (Noe: the age of the person is taken into consideration when identifying significant limitations in daily life skills.)

o Receptive and Expressive Language

 Can not communicate with other Can not communicate effectively without the assistance of others or a mechanical device.

o Learning

• Can not participate in age-appropriate education without assistance

o Self-direction

- Need assistance with making decisions that affect their well-being
- Does not have safety awareness skills
- Needs help with personal finances

o Self Care

- Needs significant help with bathing, toileting, teeth brushing, dressing, and grooming (taking. Care of themselves)
- The time to complete self-care activities takes so long that it affects attendance or success in school, employment, or other activities of daily living.

o Mobility

- Fine and motor skills are impaired.
- Needs assistance from a mechanical device like a wheelchair or a walker to move from place to place
- The time it takes for the person to move takes so long that it affects keeping a job or completing activities of daily living.

o Capacity for Independent Living

- Needs daily supervision to help with health and safety
- This includes completing household chores, preparing simple meals, using microwaves or other household equipment, using public transportation and shopping for food, and clothing

o Economic Self Sufficiency

- Can't perform tasks to keep a job
- Is limited in what they can earn
- Considering all expenses and the disability, the person earns below the federal poverty level

How to Apply to DDD:

Go to: https://des.az.gov/services/disabilities/developmental-disabilities/determine-eligibility Application (English):

https://des.az.gov/sites/default/files/dl/DDD-2069A.pdf?time=1696027132016 Application (Spanish):

https://des.az.gov/sites/default/files/dl/DDD-2069A-S.pdf?time=1696027132016

Individuals can fill out the application online, but one does need to print the application to wet sign pages 2, 3, and 4. In addition, the following is required:

- Proof of Arizona residency (like a guardian or applicant driver's license, utility bill, mortgage)
- Copy of applicant's birth certificate
- Copy of applicant's medical insurance card

- Copy of the applicant's diagnosis and/or psychological evaluations
- Copy of an applicant's MET/IEP/School Psychological Report if a child
- Copies of any other medical documentation showing an applicant has a developmental delay, such as speech, cognitive, gross/motor, etc. For example, Speech Evaluation, Occupational Evaluation, SSDI/SSI status, court guardianship documents, etc

Once all is gathered, scan/upload the application and supporting documents and email it using a secure email to DDDApply@azdes.gov

DDD usually will reply within a couple of weeks. If someone does not qualify, DDD will clearly state why. You may need to submit additional assessment/paperwork to qualify. For questions, call toll free 1-844-770-9500 or Email: DDDApply@azdes.gov.

If approved, a DDD Support Coordinator is assigned and will contact the new member within 30 days.

ALTCS Qualifications and Application

Arizona Long Term Care System (ALTCS), pronounced "All-Tex," is the state's Medicaid program that provides funding/insurance to DDD members. Even if the applicant has AHCCCS, one must apply for ALTCS, a separate arm of Medicaid in Arizona.

How to Apply:

Once someone becomes a member of DDD, the DDD member's Support Coordinator will apply for the members. However, the member or their guardians can apply by calling ALTCS at 888-621-6880 to start the application process earlier.

When applying for ALTCS, the member or guardian must participate in 1) a financial interview and 2) a medical interview.

- 1. The financial eligibility will depend on the applicant's income (child or person with a DD) and is *not based* on the guardian or household income. The applicant may only have an account in their name with more than \$2,000 if it is a 509 college fund or an ABLE account. Any property or trust in the name of the applicant may affect eligibility. The financial interview is over the phone and usually takes around 20 minutes.
- 2. The medical eligibility interview is based on a PAS assessment tool. To qualify for ALTCS, the applicant must score 40 points on the PAS assessment. Medical interviewers come to the applicant's home. For further information on eligibility requirements and how assessors score during the PAS tool, as well as the PAS tool documents, see references section of this document.

TIPS:

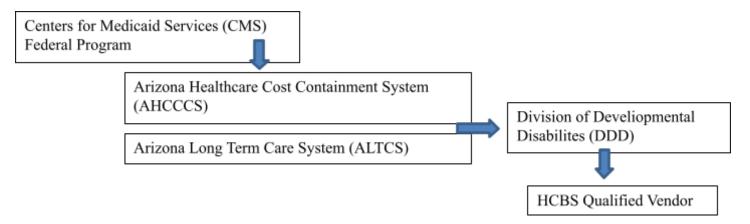
- Think in terms of deficits during the interview. This can be hard for a parent or guardian, but it is necessary when interviewing for services.
- When interviewers ask, "Does the applicant do X," and the applicant cannot complete the task 80%+ independently, without prompts, then the answer is no.
- Keep your answers brief.

- The applicant does NOT need to be present during the entire interview process. The conversation about deficits can be hard for applicants, and asking to have those conversations without the applicant present is okay.
- Have a copy of the applicant's psychological report, medical diagnoses, IEP/MET, OT/Speech evaluations, and any documentation supporting their disability available for them to have if needed.
- Watch this great video by the Autism Society of Great Phoenix: https://www.youtube.com/watch?v=s hOVTlhQmI

Home and Community-Based Services (HCBS)

Rather than providing services in institutions or other isolated settings, "Home and Community-Based Services" allows Medicaid members to receive services at home or in the community.

HCBS Funding (simple explanation)



Planning Meetings

Planning meetings are regularly scheduled meetings with your DDD planning team. At these meetings, the DDD team develops and reviews the member's DDD service plan throughout the year. The planning team works together to 1) ensure the member's needs are met, 2) ensure decisions about services and supports are a team process, 3) ensure members are an integral part of the decision-making, 3) ensure members' unique needs, wants and specific characteristics are the focus of the meeting. If the member is eligible for Long Term Care (ALTCS), DDD planning team members must meet every 90 days to develop and/or review the plan.

Planning team members include:

- The member
- The DDD support coordinator

- The member's guardian/responsible person
- Any additional caregivers, family, and/or friends the member/guardian selects to be present.
- Any available treatment team members such as Speech Therapy, Occupational Therapy, Physical Therapy, Habilitation, Respite, Attendant Care, Nursing providers, etc.

At the initial and subsequent review planning meetings, the planning team members:

- Learn the member's life preferences, strengths, skills, abilities, unique characteristics, highlights, and struggles.
- Learn the member's natural supports, which DDD defines as anyone in the member's life who voluntarily provides care to the member.
- Finding out the wants and needs of the member and their families are essential and must be respected whenever possible.
- Discuss what works well and what isn't in the member's daily living situations at home, school, work, and community.
- Report recent medical and behavioral health appointments, medication additions or changes, and/or any changes in the member's medical or behavioral health and well-being.
- Identify risk factors and special considerations needed to assist the member in maintaining safety and well-being (like allergies, choking risk, elopement, aggression, self-harm, community safety concerns, etc..)
- Pinpoint the member's vision of the future and goals related to school, work, volunteering, community engagement, personal resources, living options, relationships, etc.
- Conduct and review functional assessments and evaluations that identify the level of support, supervision, and resources a member needs.
- Schedule the next planning meeting at the end of each meeting, which is included on the PCSP.

The above results in a planning meeting that meets the member's functional and social needs. Furthermore, this process informs the determination of authorized services by the Support Coordinator.

TIPS:

- Support Coordinators are the main point of contact for DDD regarding any concerns or questions about DDD supports, assessments and services, understanding processes, information about planning meetings and the PCSP, service coordination, or any change in personal circumstances. Member can also reach out to the customer service center at 844-770-9500, option 1
- Support Coordinators are available between meetings for questions and support and will get back to members/guardians within 48 hours by calling or emailing. For urgent matters where the support coordinator is unavailable, members/guardians can contact the support coordinator's supervisor or the supervisor on-call at the member's district office.
- Be sure to share candidly about worries or challenges regarding the member's status or development, any regressions, any unique situations, difficult topics, or any changes in family situations, such as divorce, change in employment status, or change in any family

- member's physical, behavioral, or mental health status. Support Coordinators are prepared to assess and meet the member's needs and their support system whenever possible.
- Before the planning meeting, share any expectations for team members entering your home. For example, sensitivities to perfumes/soap smells, preferences on the best meeting times, announcing any pets in the house, gate codes, etc.
- Prepare for the meeting by gathering thoughts or questions into a list and any copies of paperwork about changes in the member's medical, dental, behavioral health, or educational status.

Support Coordinator's Role

The support coordinator's role is to:

- Be the main point of contact for the planning team.
- Provide a translator at no cost to the member or family if needed.
- Help answer policy and procedure questions so members/guardians have required information.
- Advocate for the member/guardian and encourage the member/guardian to advocate for themselves.
- Be professional by:
 - o Respecting members and members' family values and beliefs.
 - o Clear and timely communication with the planning team with up-to-date DDD information and policies.
 - o Returning calls and emails within 48 hours.
 - o Using a person-centered approach.
 - o Helping the member and their family feel comfortable with the planning process.
 - o Answering questions brought by the team.
- Review therapy assessments and progress reports.
- Coordinate DDD programs, DDD Health Plan programs, and eligible ALTCS services.
- Help develop, review, and complete the PCSP, which includes:
 - o Make necessary changes in accordance with the member's development.
 - Document member progress
 - o Change, modify, and/or develop new goals.
 - o Identify services and supports based on assessed needs, including physical and behavioral health and eligible long-term care services.
- Assist with other agencies, such as the Social Security Agency and school districts, when a member/guardian provides explicit written consent.
- Help the member identify and apply for additional resources/services such as ALTCS, SNAP (food stamps), and local and community resources such as housing, food banks, vocational rehab, and Special Olympics.

Person-Center Service Plan (PCSP)

The Person-Centered Service Plan (PCSP) is a planning document the DDD team members create and/or review together at planning meetings to determine the DDD 1) member's needs, 2) establish goals, and 3) authorize services.

Using a person-centered approach, planning meetings will result in a PCSP document that:

- Includes a service plan identifying the member's *eligible* services, which may include:
 - o DDD programs
 - o ATLCS services
 - o DDD Health Plan services (physical and behavioral health)
 - o The member's local and community resources
 - o Any non-DDD funded activities. (For example, swimming lessons, school services, employment status, etc.)
- Meets the member's physical and behavioral health needs in the most integrated and least restrictive settings where the member can access the benefits of community living.

Support Coordinators complete the document, and the member and/or guardian either agree or disagree with the plan and provide a signature. Once the PCSP is completed, the Support coordinator sends the document to the member/guardian and all DDD-qualified vendors providing authorized services to the member.

TIPS:

- For school-aged members, support at school is assessed to help children be successful in a school
 environment. Although school supports may complement what the child is learning at home, they
 are funded through the Department of Education. Members still may be eligible for Speech,
 Occupation, Physical Therapy, etc., through DDD even though the member receives services
 from a school.
- Disagreements regarding assessed services can sometimes be resolved by providing necessary documents to support an increase in service level. Documents can include supporting assessments and evaluations from the member's physician and speech/occupational/physical therapist.
- Members/guardians have the right to appeal the planning decisions if there is a disagreement. An appeal will not affect the relationship between the support coordinator and the member/guardian. One of the goals of the support coordinator is to empower the member and their support systems. (See resolving disagreements for more information.)

DDD Services

DDD services are necessary benefits that members can access to help them achieve their highest level of independence.

DDD Programs:

- Arizona Long Term Care Services ALTCS includes members eligible for DDD services and are eligible for Arizona Long Term Care system as determined by AHCCCS.
- Arizona Early Intervention Program AZEIP (pronounced "A-Zip") includes children ages birth to three with disabilities or delays.
- Targeted or Targeted Support Coordination includes members eligible for DDD services and financially eligible for AHCCCS medical assistance and enrolled in the Targeted program by AHCCCS.
- Transitional Waiver includes members who have previously been eligible for DDD/ALTCS, have
 improved medically or functionally, and are no longer at risk for institutionalization at a nursing
 or intermediate care facility. The member may be eligible for community-based services and
 supported employment.

• DD – includes members eligible for Division services and not eligible for ATLCS, Targeted, or Transitional waiver.

Arizona Long-Term Care System (ALTCS)

 ALTCS services are skilled, therapeutic, and direct care services and support for ALTCS-eligible members.

ALTCS-funded Services Include:

- Support coordination.
- Home and Community Base Services (HCBS) provided through DDD Qualified Vendors, such as:
 - o Respite
 - o Attendant Care
 - o Habilitation
 - o Speech Therapy, Physical Therapy, Occupational Therapy, Music Therapy
 - o Nursing
 - o Residential Services, such as group homes and day treatment
 - o Occupational, Physical, Speech, and Music Therapy
- Institutional Services, including Intermediate Care Facilitating (ICFs)
 - o Provide physical and behavioral health services, habilitation, and continuous active treatment services.
 - o The Division Assistant Director must approve ICF admission
- Physical and Behavioral Health Services
 - o Provided by contracted DDD Health Plans (Mercy Care Plan, United Healthcare Community Plan, or, if eligible, American Indian Health Plan)
- Physical Health care is medical care treating physical conditions and is treated in a medical office or hospital.
 - o Members choose their primary care physician (PCP) and will refer to specialists as
- Behavioral Health Services treats the emotional and behavioral health of the member. Treatment includes:
 - o Mood disorders
 - o Trauma and stress-related disorders
 - o Substance use disorders.
 - o Psychotic disorders
 - o Neuro-developmental disorders

ALTCS-funded Services Must:

- Be medically necessary.
- Be provided in the least restrictive environment.
- Meet the member's needs and help them reach their highest independence in their home and community.
- Be cost-effective and have available funding.
 - o HCBS are considered cost-effective when the services for a specific member are at or below 100% of the member's net cost of institutional care.

When assessing for service, the member's DDD team takes the following into account:

- Which services will help the member stay safe and healthy?
- Which services will help the member achieve their highest level of skills to live independently?

• Which services are helping the member, and are those services still needed, or is a different service more appropriate?

Respite

This service provides short-term care to relieve caregivers. Members who are cared for by Respite providers must be eligible for support and services through the Division. Respite providers may be required to be available on a 24-hour basis. Respite services are intended to relieve caregivers temporarily. Respite services are not intended as a permanent solution for placement or care. The number of hours authorized for Respite services must be used for Respite services and cannot be transferred to another service.

Can be assessed up to 600 hours a benefit year (Oct 1st – Sept 30th). The only specified "daily limit" by DDD for respite services is the daily limit that a single direct support professional cannot provide more than 16 hours of continuous care in a 24-hour period.

Attendant Care

Some members with severe medical, physical, or behavioral challenges due to a disability may qualify for attendant care. 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. Depending on the member's needs, as outlined in the member's Person-Centered Service Plan, the following items may be included in attendant care services (attendant care service items may only be completed for the member - not for any other members living in residence with the member):

- Meal preparation and clean up
- Eating and assistance with eating
- Bathing
- Dressing and grooming
- Toileting
- Mobility
- Transferring
- Cleaning
- Laundry
- Shopping (groceries and medication pick-up)
- Attending to certified service animal need

Attendant Care is given per benefit year by a weekly amount. The week is defined as Sunday through Saturday. For example, if a member received 7 hours of attendant care services each week, the direct support professional can work 7 hours between Sunday and Saturday. The direct support professional cannot "flex" the weekly hours the member receives. If the full 7 hours are not worked in a week, those hours are gone and cannot be used at a different time.

Attendant Care Supervision

Some children who have behavioral issues or physical disabilities which limit their ability to attend regular daycares or summer camps may qualify for attendant care supervision. Individuals with wandering/elopement histories, physical aggression towards themselves or others, property damage history, and verbal aggression towards themselves or others, thus requiring 24-hour supervision, may qualify.

Attendant Care supervision is given per benefit year by a weekly amount. Hours cannot be "flexed."

Habilitation Services

This service provides learning opportunities to help a member develop skills and independence. Based on member and family priorities, Habilitation may be provided to increase or maintain the following:

- Independence and socialization skills
- Safety and community skills
- Member's health and safety.

Habilitation is given per benefit year by a weekly amount. The week is defined as Sunday through Saturday. For example, if a member received 7 hours of habilitation services each week, the direct support professional can work 7 hours between Sunday and Saturday. The direct support professional cannot "flex" the weekly habilitation hours the member receives. If the full 7 hours are not worked in a week, those hours are gone and cannot be used at a different time. It is recommended that the allotted habilitation hours be spread out throughout the week.

TIPS:

- Discuss the member and some examples of how they have been unable to advance like their peers due to their disability and share these with the Support Coordinator.
 - o Example: "The member is unable to dress themself. They put their shirt on backward. They refuse to brush his teeth. My child's safety awareness skills are deficient; they wander off in public places or wander out into the street without looking for cars or other safety factors."
 - o "The member may benefit from speech therapy and occupation therapy. I already have or can get scripts."
 - o "I am looking for respite hours to get a break and take care of myself so that I don't get run down and take care of the member."
- The time it takes to work on those goals determines how many habilitation hours a week are assessed as medically necessary.
 - o Example: Goal 1 may take 10 minutes a day to "complete." The team agrees to work on it 5 times a week if needed. This would result in 50 minutes of habilitation a week for Goal
- But when thinking about habilitation intervention, it is best practice to view the goal through the lens of "teaching."
- When teaching a task/skill, it may take 20-30 minutes a day to "teach" the skill compared to the 10 minutes to "complete the task." Teaching a skill involves 4 steps:
 - o 1) Priming/prepping techniques to engage the member to transition to the tasks such as timers, "first and then" speech, visual schedules,
 - 2) Teaching techniques such as to do hand over hand instruction, chaining, modeling, visual instructions, written instructions, etc., and
 - o 3) Reinforcement such as a sticker chart, a token economy, access to a preferred activity for a certain number of minutes, etc.
 - o 4) Repetition to learn, retain, and maintain the skill. Thus, running several trials per day is imperative for long-term success.
- With this lens, Goal 1 may take 30 minutes daily to teach. The team can agree to work on it 5 times a week. This would result in 2.5 hours of habilitation a week for Goal 1.

TIPS on Habilitation Goals:

Habilitation Goals are developed by the member's support team and the DDD Support Coordinator. When establishing these goals, think of the skills the team would like to see the members develop and

strengthen. Habitation goals also may be goals to further practicing strategies outlined by their Speech Therapy and Occupational Therapy.

From there, put them into a SMART goal-writing formula.

For Example, you'd like to see the member "be more responsible."

- **S Specific** Make it specific. What would you like to achieve, and how would you like to achieve it?
 - Think about how they could achieve being more responsible. By doing a chore? Or clean up after himself more?
 - "Member will perform one chore" or "Member will take his plate, silverware, cup to the sink."
- M Measurable Measurable goals have amounts and frequencies, something you can see progress on.
 - Think about when or how often your child could complete that specific task of becoming more responsible.
 - "Member will perform one chore once a day." Or "Child will take his plate, silverware, & cup to sink after eating."
- **A Attainable** Is the goal reasonable and achievable? How can your child achieve it? With what help and support?
 - Is the goal sensible and realistic? Think about what strong supports can be implemented to make your child successful. Verbal prompts? Hand over Hand support? Peer Modeling?
 - "The member will perform one chore once a day utilizing a chore chart and 2 to 3 verbal prompts." Or "The member will take his plate, silverware, cup to sink after eating, with one verbal prompt minimum."
- **R Relevant** Does this goal help meet you and your child's priorities and independent living skill needs?
- Will these goals help the member become "more responsible," which was your original desire? **T Timely** —Habilitation goals are time-limited but can always be adjusted if not accomplished by the set
- "In the next 3 months, the member will perform one chore, once a utilizing a chore chart and 2 to
 - 3 verbal prompts." Or "In the next 3 months, the member will take his plate, silverware, and cup to sink after eating with one verbal prompt minimum."

Parent Provider to Minor Children Program

During the Covid Public Health Emergency and extended with funds from the American Rescue Plan Act (ARPA), parents of minor children can provide Attendant Care or Habilitation services to those children. The program is scheduled to extend through September 2024. A parent is described as the direct parent of the member, stepparent, or other legally responsible people for the child. Parents may also be providers for their adult members, regardless of the public health emergency or ARPA.

Below are the limitations and expectations of the Parent Provider program for minor children:

- Parent providers may not offer respite services. This is because respite is a service that is designed to give the parent/responsible person/guardian time to care for themselves.
- If a parent provider is employed and works from home, they cannot be paid for providing HCBS services during the same timeframe their employer pays them.
- Parent providers must meet the same qualifications as all direct support professionals.
- Parent providers are not required to obtain a Level One Fingerprint Clearance card if they only provide Attendant Care services to the member.
- If the parent provider wants to provide services for other members, they must have a valid Level One Fingerprint Clearance card.
- Parent providers are limited to providing 40 hours of services to a minor child weekly.

• Service hours are assessed by the member's needs, not by who provides the service.

Resolving Service Disagreements

DDD empowers individuals with developmental disabilities to lead self-directed, healthy, and meaningful lives. The division strives to ensure that the member is happy with the services provided and that services support independence.

Members/guardians may be unhappy with DDD or a qualified provider. Unhappy can mean the member/guardian:

- Is not satisfied or pleased with the quality of care with services provided.
- Has a complaint regarding a DDD Health Plan
- Has an ongoing conflict with a member of the DDD team member or provider?

Members/guardians are empowered to express dissatisfaction to their support coordinator or other division staff. Members/guardians have the chance to involve others to help create a solution to the problem. This may be other division staff, providers, and community partners.

Support coordinators are responsible for listening to the members and their team's needs, wants, and goals to develop a plan. If the team needs more support, the support coordinator's supervisor can intervene with advice and address any concerns the team may have. Program managers in other areas in the Division are available to help resolve issues, such as Network Services, Health Care Services, Behavioral Health, Quality Improvement, and more.

DDD Customer Service Center

The DDD Customer Service Center is a resource that helps members with different issues and questions about DDD and resolves grievances and complaints.

If members/guardians cannot come to a resolution at the district/service level, members/guardians can file a grievance with the DDD Customer Service Center. Members are not required to resolve issues at the service level before initiating a grievance with DDD Customer Service. Anyone can file a grievance with the Division.

A grievance can be:

- A member's expression of dissatisfaction.
- Does not involve appealing a decision.

Grievances regarding HCBS and/or support coordination, Physical Health Services, and Behavioral Health Services should be filed with DDD customer service, the DDD Health Plan, and AHCCCS.

DDD Customer Service Center

220N Central Ave Suite 200

Phoenix, AZ 85004

Telephone: 844-770-9500 Option 1

Email <u>DDDCustomerServiceCenter@azdes.gov</u>

Furthermore, one can file a complaint with ALTCS at AHCCCS at:

COM@azahccs.gov

Grievances are acknowledged by a DDD customer service specialist assigned to the grievance. The DDD Customer Service Specialist:

- Becomes the single point of contact for the grievance.
- Assigns a number to the grievance for tracking.
- Monitors the grievance until it is resolved. Coordinates with the appropriate areas in the Division to resolve the grievance.
- Maintains communication with the member or person who filed a grievance.

Most grievances can be resolved within 10 business days but should take at most 90 calendar days. Once the grievance is resolved, the member/guardian will receive a phone call and a letter regarding the resolution.

NOA and Appeals

DDD may sometimes deny, reduce, suspend, or terminate service, and the member/guardian may disagree. The support coordinator will review the assessments, weekly schedule, service requests, and other documentation available. If a team agreement cannot be made, you may bring the support coordinator's supervisor into the discussion.

If the team cannot agree on assessed services, the member/guardian can mark the disagree box on the service agreement. Selecting "disagree" on the service plan will result in the member or responsible person receiving a Notice of Adverse Benefit Determination (NOA) letter for the division. The NOA will be sent by certified mail within 14 days of the disagreement. The NOA explains why the service was denied and the member's Right to Appeal.

If you decide to appeal, you must do so within 60 calendar days of the date of the NOA letter. The member/guardian can file an appeal to the action either orally or in writing to the DDD's Office of Administrative Review.

Division of Developmental Disabilities Office of Administrative Review 4000 N Central Ave, 3rd Floor, Suite 301 Mail Drop 2HE5

Phoenix, Arizona 85012

Telephone: 602-771-8163 or 855-888-3106 Email <u>DDDOfficeofCompliance@azdes.gov</u>

The Office of Administrative Review sends a receipt of the appeal within 5 calendar days to the member/guardian. The Office of Administrative Review will assist the member/guardian with needed documents and ensure the member/guardian is part of the process. A written Notice of Appeal Resolution (NOAR) will be provided within 30 calendar days of the appeal filing date.

Members/guardians may ask for an expedited appeal and present information to DDD in person or in writing; if denied, members/guardians can request a state fair hearing. The member/guardian must file a written request for a hearing with the entity that sent the Notice of Appeal Resolution, such as the DDD Office of Administration Review or a DDD Health Plan. The member/guardian has 120 calendar days to file the request from receipt of the appeal decision.

If the member/guardian does not receive a written appeal decision within 30 calendar days, they have the right to file a request for a hearing with AHCCCS.

Tips:

- Members will continue to receive services through the appeal process if:
 - o The appeal involves an end or reduction of the service a member is currently receiving.

- The Division authorized the service a member was getting. The original authorization for the service has remained the same. The member requests the service to continue,
- o The member files the appeal before the intended date of reduction or termination,
- o The member requests the appeal within 10 calendar days of mailing the notice, whichever is later
- Members will continue to get the services until they withdraw the appeal or a decision is made. If
 the appeal results in a decision to uphold the decision to reduce or terminate services, the member
 may be responsible for reimbursing the cost of the benefits incurred by the DDD during the
 appeal process.
- Corresponding with your DDD Support Coordinator should be done in writing. If you have a phone/video conference PCSP meeting, follow up with an email stating, "I wanted to follow up after our meeting to ensure I understood everything correctly. If I misrepresent anything correctly, please email and correct it immediately."
- Suppose there will be a change in the member's service plan (i.e., the addition of service, discontinuation of service, or an increase or decrease in service hours). In that case, a new assessment will need to be completed. If services are discontinued or decreased without an assessment, ask, "What has changed since the member's last assessment that would indicate a change in services rendered."
- When given a stated reason for a change in member's service, ask for the written policy. There is often misinformation, and a written policy will clarify the procedure for the DDD member's team.
- The member's doctor/pediatrician can inform the member's PCSP. Your Support Coordinator will
 alert the team when a prescription for a service, such as therapy, is needed. Ideally, make an
 appointment to discuss the prescription required with the doctor. When received, submit the
 prescription and letter to the member's Support Coordinator.
- The relationship with a Support Coordinator will grow as you get to know one another. Suppose
 one feels the Support coordinator is not meeting the member's and the member's family's needs.
 In that case, DDD has a policy called Individual & Family Rights of those with Developmental
 Disabilities. One of those rights is to request a new Support Coordinator. This is done through the
 DDD Customer Service Center.
 - o DDDCustomerServiceCenter@azdes.gov
 - o 844-770-9500

The Who, What, Where, When, and How of Finding Quality HAH, ATC, AND RSP Providers

One knows your loved one, your home, or whom you feel more comfortable with than you do. When you choose your provider, it results in a more lasting and satisfying relationship.

WHO CAN BE A DIRECT CARE WORKER?

Be 18 Years Old and Be Able to Obtain A Fingerprint Clearance Card

- Family members, like siblings, cousins, grandparents, and family friends. Anyone who makes you feel comfortable, and your child feels loved and comfortable can be a provider.
- Training Provided:
 - o Though experience is great, it is not required. Training will be provided and paid for by Arizona Lionhearts. Depending on your member's PCSP (DDD's Service Plan), the provider must sit for training tailored to the member's specific needs and goals.

WHAT DOES A DIRECT CARE WORKER DO?

- Respite
 - o Providers give caregivers a break from the emotional and physical demands of continuous care for their loved ones with developmental disabilities.
- Attendant Care
 - o Providers perform daily tasks such as supervision, bathing, dressing, cleaning, laundry, cooking, general care, etc.
- Habilitation
 - o Providers coach individuals to acquire, retain, or improve their daily living skills goals in the home and community as outlined in their PCSP.

WHEN LOOKING FOR A PROVIDER

Determine your needs and priorities.

- How would you describe the type of person you are looking for?
- What qualities are important to you and your family?
- How would you describe the member to someone else?
- What schedule will the provider be working?
- With the Habilitation goals set, how will this fit into the daily routine?
- Will the provider need to drive with the member?
- Prepare a basic job description with expectations.

Start with whom you know.

• Many people make great providers with some training and support, so previous experience is not always necessary.

Start asking people you know: friends, neighbors, extended family, teachers, aides, and therapists. Even those who are not candidates may know someone who is.

• Tell your book club, co-workers, exercise class, hairdresser, nail tech, doctor, and church congregation that you are looking for someone and that training and good pay are involved.

Think Locally

- Finding good providers that live near you (less than 5 miles) increases the likelihood of longevity since providers are not reimbursed for gas.
- Explore your neighborhood where might you find suitable candidates?
- Local Universities or community colleges (visit related departments)
- Local Elementary schools (teachers or instructional aides)
- Community centers or other religious congregations.
- Post flyers or contact these places to find out where you can advertise.

Do not share any protected health information about your child; this information can be shared with a selected provider if necessary if hired.

WHERE TO POST FOR A PROVIDER

Social Media/Facebook

• Post in your local geographical Facebook groups, such as your neighborhood page, subdivision's page, or city's Facebook page (for example, Ocotillo Friends, Greenfield/Higley Friends, or Morrison Ranch Page). You can also post on your church's page, school page, book club, community center, or any other organization/club that you belong to.

• Group rules allow individuals to post for positions but not agencies, which makes it easier for individuals to find providers. Posting in local groups with which you have a personal connection increases your chances of finding someone with more extended stability.

University and College Job Boards

- ARIZONA STATE UNIVERSITY STUDENT JOB BOARD
 - o Free and open to the public, post your job position for a student, even if it's not near ASU. When making an account, list your private residence as the location, and in the post, put your email and zip code as the address for security. https://studentjobs.asu.edu/user
- MARICOPA COMMUNITY COLLEGES JOB BOARD
 - o Free and Used by all community college students in the valley https://mccd.pipelineaz.com/sign_up_employer

Caregiver Websites

- CARE.COM
 - o Requiring a monthly, quarterly, or yearly subscription, this website matches parents with caregivers. They have bios, where they live, education, certifications, and experience, and they often have reviews written by people who have used them.
- SITTERCITY.COM
 - o Just like Care.com, it is a site to link parents with caregivers. The basic membership with Sittercity is free. This allows you a partial view of sitter profiles and some job posting abilities, but it's limited. Monthly, quarterly, or yearly subscriptions are available.

HOW TO POST TO GET A RESPONSE

Make a General Childcare Job Post

• If you post that your member has special needs, individuals self-select themselves out, thinking, "I don't have any experience!" when they would be perfect for the job and don't realize it. We suggest not using words like Habilitation or Respite since most people are unfamiliar with those terms.

HOW TO INTERVIEW THAT GET RESULTS

Use the Interview to Educate and Engage

- During the initial phone interview, you can 1) mention the member has special needs, 2) share to what extent the member's limitations are, and 3) explain that training will be provided to support them in working with the member through our agency and by you.
- Also, this is an opportunity to share the benefits of working with an agency: 1) training and support, 2) looks great on a resume, 3) employee benefit programs, 4) consistent hours, and 5) immediate access to other families they can work for if they want more hours.
- Lastly, this is an opportunity to set expectations and understand who they are. To ensure a successful placement, let them know about your expectations of a provider, your home, and the situation they will be working in. Furthermore, ask potential caregivers about themselves. What makes them want to work in caregiving? Have they had any experience supporting a child with challenging behaviors? How comfortable do they feel raising concerns with guardians as they arise? Can they give examples? Ask them what questions they have for you.
- EXAMPLE:
 - o "My son has special needs; he has Autism. He is verbal, but he is active and needs lots of redirection. Don't worry, he is very sweet, and we provide training and support through an agency. Also, I am around, so as things come up, I can help you learn what works best for him, just like with any kid. You'll be paid through an agency. There are lots of benefits to

working for an agency. They provide training and support. It's great for your resume, especially if you are going into education, social work, psychology, or the like. The agency has employee benefits like referral programs, bonuses, and holiday parties. Also, through an agency, you have consistent hours. If you can't get the hours through our family, the agency always has other families looking for caregivers, making finding work easy. "

Once you identify an individual to work with your loved one, contact Arizona Lionhearts, and we will train and onboard your preferred provider.

Due to the vulnerable nature of individuals with special needs, the state requires a significant amount of paperwork and training from providers. Thus, the onboarding process can seem tedious.

But with the help of the Arizona Lionhearts staff, we try to make it as easy as possible. Arizona Lionheart's staff will also sign potential providers up for the online and in-person training required by the DDD Individual Service Plan. Arizona Lionhearts pays for all training.



References

DDD Eligibility Packet

https://des.az.gov/sites/default/files/dl/DDD-2069A.pdf?time=1677226364467

Preadmission Screening Criteria for an Applicant or Member who is Developmentally Disabled <a href="https://azahcccs.gov/Resources/guidesmanualspolicies/eligibilitypolicy/eligibilitypolicymanual/Policy/Chapter 1000 Pre-admission Screening/1005 Preadmission Screening Criteria for an Applicant who is DD.htm

Medical Assistance Eligibility Policy Manual

https://epm.azahcccs.gov/EligibilityPolicyManual/index.html#t=PAS Appendix - EPD%2FPAS Summary_and_Evaluation%2FPAS_Scoring.htm

Person-Centered Service Plan

https://des.az.gov/services/disabilities/developmental-disabilities/current-2-future-initiative/person-centered-service-plan

Division of Developmental Disabilities Division Provider Manual Chapter 28 Member Rights https://des.az.gov/sites/default/files/media/28_Member_Rights.pdf?time=1657733470537

Available DDD Services & Supports

https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/supports-and-services

DES: Medical Policy Manual – Habilitation Services

https://des.az.gov/sites/default/files/media/Chapter_1240-E_Habilitation_Services.pdf?time=1660836157523

AHCCCS Medical Policy Manual – Habilitation

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-E.pdf

ALTCS SERVICES/SETTINGS FOR THE ELDERLY and DISABLED - Habilitation

https://www.azahcccs.gov/PlansProviders/Downloads/RFPInfo/YH18/ReqForProp/AMPM_Policy_1240_E.pdf

DES: Habilitation Outcome Strategies Worksheet

https://des.az.gov/digital-library/habilitation-outcome-strategies

DES: Medical Policy Manual – Respite Services

https://des.az.gov/sites/default/files/media/Medical_Policy_Manual_Chapter_1250-D_Respite_121819.pd f?time=1660768748186

ALTCS SERVICES/SETTINGS FOR THE ELDERLY AND/OR DISABLED – Respite

https://www.azahcccs.gov/PlansProviders/Downloads/RFPInfo/YH18/ReqForProp/AMPM_Policy_1250_D.pdf



AHCCCS Medical Policy Manual – Respite

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1250-D.pdf

DES: Medical Policy Manual – Attendant Care

https://des.az.gov/sites/default/files/media/1240-A_Attendant_Care_and_Homemaker_%28Direct_Care_Services%29.pdf?time=1660836157523

DES: Medical Policy Manual – Attendant Care Supervision

https://des.az.gov/sites/default/files/media/1240-A-1_Exhibit_Attendant_Care_Supervision_Requirement s Age 17 and Under.pdf?time=1659708420694

AHCCCS Medical Policy Manual – Attendant Care

https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-A.pdf

AHCCCS Medical Policy Manual – Attendant Care Supervision

https://des.az.gov/sites/default/files/media/1240-A-1 Exhibit Attendant Care Supervision Requirement s Age 17 and Under.pdf?time=1659708420694

AHCCCS Direct Care Agency Audit Tool Overview (Attendant Care, Personal Care, and Homemaker Services)

https://www.azahcccs.gov/Resources/Downloads/DFSMTraining/2021/DCA_Standards_Overview.pdf

Individual & and Family Rights of Those with Developmental Disabilities

https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/individual-and-family-rights

AZDESGOV YouTube Channel: DDD Resolving Services Disagreements and Filing an Appeal https://www.youtube.com/watch?v=EKVopsIW YY

AZDESGOV YouTube Channel: DDD: Wants, needs, and Uncovered Services https://www.voutube.com/watch?v=cwr8opdvo9M

AZDESGOV YouTube Channel: DDD: What to do when you have a complaint https://www.youtube.com/watch?v=gLCTqJ09Ci8

AZDESGOV YouTube Channel: DDD: Learning New skills;

https://www.youtube.com/watch?v=kenI9QGltSM

AZDESGOV YouTube Channel's video: The Role of Your Support System https://www.youtube.com/watch?v=BRV5XcWbOXI

AZDESGOV YouTube Channel – Introduction to Long-Term Services and Supports, https://www.youtube.com/watch?v=kCdEk39eiUM

AZDESGOV YouTube Channel's video: DDD: Planning Meetings and Assessments https://www.youtube.com/watch?v=MHMk8xXAy