

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

DIVISION OF DEVELOPMENTAL DISABILITIES

FAMILY SUPPORT WORK GROUP

FINAL REPORT AND RECOMMENDATIONS

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1. EXECUTIVE SUMMARY

1.1. Development of the Family Support Act

Family Support legislation (Senate Bill 1136) was enacted by the Arizona Legislature in 1993. The Senate bill which ultimately became the Family Support Act had been initiated by the Arizona Legislative Consortium under the leadership of the Governor's Council on Developmental Disabilities. The Consortium received assistance in developing the proposed legislation from the National Conference of State Legislatures. Advocates, family members, and individuals with a developmental disability testified in support of the legislation. The bill was well received in legislative committees and passed both Houses of the Legislature with only one dissenting vote. The bill was signed by Governor Symington and became law on April 16, 1993. (Family Support Act, Appendix #1)

1.2. Purpose of the Family Support Act

The Family Support Act requires that the Division of Developmental Disabilities take steps which will expand decision-making opportunities for families and persons with a developmental disability. Further, it encourages the availability of choices in services, innovation in service delivery, and gives families and individuals more authority and responsibility in determining needs and the development of their service plan.

The overall goal of the legislation is to assist persons with a developmental disability to live in the community with their family or in other arrangements of their choosing. Services should support individuals and their families while emphasizing the importance of natural relationships in achieving quality of life and community presence. Eligibility for the family support program is determined by needs identified through the Individual Service and Program Planning process.

In addition to promoting a service system based upon family and individual support principles (see Training and Education Subcommittee Report, Addendum #1), the legislation calls for the availability of cash subsidies and vouchers. These are methods of acquiring services which give families and individuals more authority and choice in the service delivery system.

1.3. Establishment of the Family Support Work Group

The Division of Developmental Disabilities (DDD) was responsible for the implementation of the Family Support Act following its adoption. In September 1993, Brian Lensch, the DDD Acting Assistant Director, appointed a Family Support Work Group whose charge was to develop an implementation plan. The thirty-member Work Group was composed of family members, advocates, service providers, DDD staff, and representatives from the Department of Health Services and the Arizona Health Care Cost Containment System Administration. (Work Group Membership, Appendix #2)

The Work Group was divided into four subcommittees each of which took responsibility for proposing action on the major requirements of the legislation. A Steering Committee was established to coordinate the overall implementation plan. Subcommittees worked on developing administrative rules, a family support budget, a family support planning and evaluation process, and a training and education plan. All of the initial subcommittee assignments focused on the mandated sections of the legislation. Subsequently, subcommittees examined the "permissive" language in the bill and developed recommendations. Subcommittees were supported in carrying out their work by DDD Resource Staff and a Resource Consultant. (Subcommittee Structure and Membership, Appendix #3)

Subcommittees drafted proposals which were presented to the Steering Committee and full Work Group for consideration. Through the ongoing process of discussion and review, subcommittee reports and recommendations were finalized by the Steering Committee and the Family Support Work Group.

1.4. Family Support Subsidies and Vouchers

Prior to the introduction and passage of SB1136, the Division of Developmental Disabilities established a Voucher System Task Force to study the feasibility of issuing vouchers to families so that they could directly acquire services. This Task Force resulted from recommendations which had been made by parents and other advocates who were seeking ways to empower families and give them greater choice in the selection of service providers.

When the Family Support Act was passed, it contained authorization for the utilization of subsidies and vouchers. One section of the bill called for the use of family support subsidies which would provide cash grants to families or individuals with a developmental disability with which they could purchase services. Additionally, the bill permitted the Division of Developmental Disabilities to provide families and individuals with vouchers that could be used to access services.

The Voucher System Task Force made two recommendations which are consistent with the legislative intent regarding subsidies and vouchers. First, the Task Force proposed that the Division seek ways to increase the Assistance to Families Fund (ATF) in order to expand the number of cash grants available to families and individuals. Second, the Task Force developed and implemented a voucher demonstration project in order to pilot the voucher concept.

The Division of Developmental Disabilities has proposed a substantial increase to the family support subsidies program (ATF) for FY 1996. The voucher demonstration project ended on June 30, 1994 and is currently being evaluated by the DES Office of Evaluation. The Division is also developing plans to modify the voucher system based upon the lessons learned from the demonstration project and to offer the voucher option on a statewide basis.

1.5. Family Support Councils

The Family Support Work Group considered recommending the establishment of Family Support Councils across the State. This approach has been used in other states in order to implement family support legislation or bring about system change. A concept paper was developed by a subcommittee of the Family Support Work Group and distributed for review and comment (Concept paper and Workgroup Discussion, Appendix #4). Information was gathered from other states where Family Support Councils existed, and a representative from the Colorado Family Support Council met with the Work Group to discuss the issues.

Following an extensive discussion within the Family Support Work Group, the membership decided not to recommend the establishment of local Family Support Councils at this time. The Work Group, however, did recommend that the Steering Committee, with the addition of new members, should be continued in order to provide ongoing oversight to the Family Support Act implementation plan. The Work Group also acknowledged that local Family Support Councils may naturally emerge through the Family Support planning and education process and recommended that the Division of Developmental Disabilities assist such organizations as they seek to become established.

1.6. Family Support Workgroup Recommendations

Each of the subcommittees of the Family Support Work Group developed recommendations specific to that subcommittee's area of responsibility. All subcommittee recommendations ultimately were approved by the Steering Committee and the full Work Group. Additionally, the Work Group developed recommendations which did not specifically emerge from a subcommittee. A list of all the recommendations follows:

1.7. Overall Recommendations

1. The Division of Developmental Disabilities should continue the Family Support Work Group Steering Committee with the addition of new members. The Steering Committee would provide oversight and advice to the Division as it implements the various work group recommendations.
2. The Division of Developmental Disabilities should not seek to create a statewide network of Family Support Councils at this time but, instead, should utilize existing organizations to gather input for the family support plan. If local family support groups emerge, the Division should assist such groups in getting established.

1.8. Rules Subcommittee Recommendations

1. The proposed changes to the existing Rule and the new rule, when combined with the work of the licensing work group, should be used to provide direction for the implementation of the Family Support Act (SB1136). DES/DDD should

immediately begin the process required to certify the proposed rule changes and new rule.

2. Division of Developmental Disabilities management should establish policy and procedures, including changes in the way key individuals, such as case managers, are evaluated, which reinforce the philosophical change that the Family Support Act represents. These policy and procedures should not focus merely on the mechanics of producing ISPP's, plans and evaluations with the words Family Support in the title but should instead promote the operating principles of a Family Support Program. *

1.9. Training/Education Subcommittee Recommendations

1. The Division of Developmental Disabilities should advance the family support initiative by implementing the DDD Family Support operating principles which were adopted in 1986 (Addendum #1).
2. The Division of Developmental Disabilities should communicate with other state and local agencies to collaboratively utilize resources to communicate and implement family support.
3. The Division of Developmental Disabilities should identify and remove systems barriers that impede the implementation of a family support philosophy.
4. The Division of Developmental Disabilities should implement the proposal to "communicate" the family support initiative on a statewide level (Addenda #2 and #3).
5. The Division of Developmental Disabilities should ensure that licensing, certification, policy and contract provisions, and practices are reviewed against the Family Support operating principles.

1.10. Planning Subcommittee Recommendations

1. The Division of Developmental Disabilities should support the planning process by making staff or consultant assistance available.
 - a. The Division should dedicate at least a full time Family Support Resource Specialist who will compile the information gathered through the planning process and complete a comprehensive implementation and evaluation plan for family support.
 - b. The Family Support Resource Specialist should create a "how to" manual to assist all stakeholders in implementing and maintaining the Family Support Program.

- c. The Family Support Resource Specialist should serve as a consultant/liaison to all local area planning groups and help coordinate the activities of future family support resource staff.
 - d. The Division of Developmental Disabilities should request funding for FY 96 to establish family support resource staff. These staff, along with the Division level Family Support Specialist, will help implement Family Support Program initiatives at the local level.
2. Family Support planning should be implemented through a three year process:
- Year 1 = Planning *TO Spring of 95*
 - Year 2 = Implementation (to be determined by Year 1 planning) *Yes, no funds*
 - Year 3 = Evaluation (to be defined by the Family Support act, DES rule and plan) *and request*
3. Year I planning should be implemented using the following processes and strategies:
- Conduct a comprehensive assessment of communities to identify lead family support advocates, community resources, and needs. The family support resource specialist will assist the community in establishing local area planning groups.
 - Utilize planning questions including:
 - What are the communities' priorities and needs for family support?
 - What are the communities' resources and strengths to implement and maintain family support?
 - What are the communities' roles and responsibilities to establish family support?
 - What barriers exist to the implementation of family support?
 - How should additional resources be allocated and managed?
 - What does the community look like? Define its geographic boundaries and population.
4. Community assessments should be conducted in part through thirty-five awareness sessions coordinated by the Training Subcommittee. Additional information should be sought from organized and ad hoc groups, family gatherings, questionnaires, and other means deemed appropriate by local planning groups.

5. The Division of Developmental Disabilities should invite ongoing review and oversight by the Family Support Steering Committee to ensure that planning and policy development is consistent with Family Support legislation and operating principles.
6. Planning and Training Subcommittee initiatives should be jointly managed by combining these committees for the implementation of their family support recommendations.

1.11. Budget Subcommittee Recommendations

1. The subcommittee recommends that the Family Support Steering Committee and advocacy groups be actively involved in determining how any new Family Support and waiting list funds are requested (including FY 96) in order to advance Family Support values and principles. (FY 96 Budget proposal is Addendum #1)
2. The Division of Developmental Disabilities should define the Family Support Budget as all allocations for Purchase of Care Services, Supplemental Payment Program and Assistance to Families (Family Support Subsidy) to be spent for persons with either an "At Home" or "Individually Designed Living" placement code. Further, this Family Support Budget should be divided between System's Managed Funds (i.e., contracts) and Family Managed Funds (i.e., voucher, subsidies). (Addendum #2)
3. Individually Designed Living (IDL) arrangements should be defined as follows: A child not residing with its family but living in a setting that is created and designed by the family. An adult may create their own family. This describes an autonomous adult living situation in which a person resides in an individually designed setting that promotes contact with the family and provides flexibility with respect to choice of time spent within the family and choice of living companions. Key identifiers are "created by," "designed by," "choice," and "flexible." (Addendum #3)
4. IDL arrangements should not be subject to the licensing and monitoring requirements established for Community Residential Settings (CRS).
5. The Family Support Steering Committee should continue to be involved with DDD in defining necessary quality review requirements for services delivered in the family home or IDL arrangements.
6. The Family Support Steering Committee should be involved with DDD in identifying administrative costs associated with the Family Support Program. The Family Support Program administrative costs will be identified within the context of the entire administrative costs of operating DDD.

2. RULES SUBCOMMITTEE REPORT

2.1. Purpose of the Subcommittee

This subcommittee was formed to analyze the requirements of the Family Support Bill, SB1136, and make recommendations for needed changes to Rules that would be required to implement the legislation.

2.2. Working Assumptions of the Subcommittee

The committee's early work focused on getting a clear understanding of the Rule making process and the role that Rules play. The committee's work implements the philosophy that Rules do not restate or extend statute, and that their primary purpose is to define the roles and responsibilities of those who are affected by the statute, so that agencies as well as the public know what is required of them.

2.3. Highlights of Subcommittee Discussion

Several key items came out of the committee's analysis and recommendation. These were:

- The changes required by SB1136 were too many and varied to be handled by modifications to existing rules. An entirely new article was required in addition to changes in existing rules.
- SB1136 contains the first clear authority in statute for DES and/or the Division to certify providers. This requirement was referred to the certification office of DES/DDD.
- SB1136 establishes family support eligibility criteria which mandates non-institutional placement and significant family involvement in the development of the individualized plan. Financial requirements are also addressed in this section of the statute.
- SB1136 authorizes the DES/DDD to establish voucher programs utilizing both State and Title XIX funds. This is a permissive not a mandated authority.
- The concept of family support councils as a planning and implementation vehicle for SB1136 was examined in detail and not chosen at this time. However, a grass roots, community based planning process is described as the means to produce the required Family Support Plan.

2.4. Subcommittee Methodology

A phased approach was used to ensure a complete examination of the mandatory or "shall" sections in the legislation. The Committee secondarily reviewed the permissive sections of the bill. The process included the entire committee and took place as follows:

- The definition section of the legislation was analyzed to identify needed changes to Rule definitions. Since Rules should not restate statute, and several previously undefined terms are defined in SB1136, some definitions are removed or modified in Rules.
- Each "shall" section in the legislation was analyzed for impact on existing rules and the ability to be accommodated within the structure of existing rules.
- A decision was made that many of the items required in SB1136 could not be readily accommodated in existing Rule, and a new article would be required.
- Changes to existing Rules and definitions were drafted while a draft outline of the new article was produced and refined.
- The new article was drafted using inputs from other work group committees.
- The draft rule and the changes to existing rules were reviewed and refined by the subcommittee and the full work group.

2.5. Recommendations

1. The proposed changes to the existing Rule and the new Rule, when combined with the work of the licensing work group, should be used to provide direction for the implementation of the Family Support Act (SB1136). DES/DDD should immediately begin the process required to certify the proposed rule changes and new rule. The full text of the draft rule changes may be found in Section 6.5.
2. Division of Developmental Disabilities management should establish policy and procedures, including changes in the way key individuals, such as case managers, are evaluated, which reinforce the philosophical change that the Family Support Act represents. These policy and procedures should not focus merely on the mechanics of producing ISPP's, plans and evaluations with the words Family Support in the title but should instead promote the operating principles of a Family Support Program.

2.6. Synopsis of Proposed Rule Changes for Family Support

The following sections summarize the Rule changes recommended to implement the Family Support Bill. For the full text of the Rule changes, consult Section 6.5.

2.6.1. Article 1

Definitions - Deleted Assistant Director (page 4, lines 22 and 23), District (page 4, lines 32-34), and Family Support (page 4, lines 38-41); these definitions are now in statute. Modified Individual Service and Program Plan team (page 5, lines 1-9); added Developmental Disabilities Advisory Council (page 4, lines 30 and 31) and Local Planning Group (page 5, lines 14 and 15).

2.6.2. Article 3

Added R6-6-303. Family Support Services Eligibility (page 6, lines 32-35) and Section B of R6-6-304 (page 6, lines 40-42).

2.6.3. Article 6

Added new R6-6-602 (page 7, lines 3-41). Made changes to R6-6-603 (page 7, lines 42-52 and page 8, lines 1-42).

2.6.4. Article 7

Added entire article for Family Support including Family Support Plan, Evaluation, Eligibility and Eligibility Review (pages 9-10).

2.6.5. Article 18

Added R6-6-1801 section B.2. (page 12, line 7).

3. TRAINING/EDUCATION SUBCOMMITTEE REPORT

3.1. Purpose of the Subcommittee

This subcommittee was formed to review the legislative language of SB1136 and the eligibility guidelines included in the statute. The subcommittee was subsequently given responsibility to develop a plan to provide training and education about the Family Support initiative.

3.2. Working Assumptions of the Subcommittee

The subcommittee developed its training and education plan based upon a belief that a successful family support initiative requires participation and cooperation among many stakeholders: families, DDD staff, other human service agency staff, service providers, advocacy groups, and community members. Training and education in family support is best delivered at the local level by family members who utilize DDD services.

3.3. Highlights of Subcommittee Discussion

A line-by-line review of the legislation led to recommendations to clarify the bill's intent through the rule making process. It was not recommended that changes to the bill be considered during the 1994 legislative session.

A review of the eligibility guidelines resulted in the referral of these guidelines to the Rules Committee for inclusion in the Family Support Rule.

The subcommittee spent the majority of its working sessions in the development of a framework for a Family Support Training/Education plan that would activate stakeholders at all levels and encourages community, state agencies, families, advocacy groups, and providers of service to embrace family support principles.

3.4. Subcommittee Methodology

The subcommittee first reviewed the language of the legislation and eligibility guidelines. Once that work was completed, it focused on training and the "communication" of family support.

A draft proposal for a statewide approach to communicating family support was completed. The plan included budget requirements and defined action needed by stakeholders to implement the plan.

3.5. Recommendations

1. The Division of Developmental Disabilities should advance the family support initiative by implementing the DDD Family Support operating principles which were adopted in 1986 (Addendum #1).
2. The Division of Developmental Disabilities should communicate with other state and local agencies to collaboratively utilize resources to communicate and implement family support.
3. The Division of Developmental Disabilities should identify and remove systems barriers that impede the implementation of a family support philosophy.
4. The Division of Developmental Disabilities should implement the proposal to "communicate" the family support initiative on a statewide level (Addenda #2 and #3).
5. The Division of Developmental Disabilities should ensure that licensing, certification, policy and contract provisions, and practices are reviewed against the Family Support operating principles.

3.6. Addendum#1: Family Support Services

3.6.1. Definition

Family Support services are designed to promote and enhance a family's ability to care for its member who has a developmental disability. It is an individualized and flexible approach which seeks to strengthen intact families, prevent out-of-home placements, and promote the return home of individuals to families desiring to reunite. The family support approach encourages the continuation of family relationships and promotes the values of interdependence, personal caring, and service priority to families who maintain their children and adult family members with them at home.

3.6.2. Operating Principles

Family Empowerment - Family control, responsibility, and decision-making regarding the family member with a developmental disability should be encouraged and increased.

Family Integrity - Services should promote and enhance family unity, competence, and independence while minimizing dependency. Services should be time-limited, delivered in a non-intrusive manner, and help increase the family's ability to care for its member with a developmental disability. Services should support the overall health and well-being of families before they are in crisis.

Family Needs - Services must be based upon the issues identified by families and must be flexible enough to meet the unique needs of each family requesting assistance.

Family Values - The values that allow the family to be the best caregiver to its member with a developmental disability are based on mutual support and interdependence, long term caring relationships, and unconditional acceptance of all family members. These values should be promoted throughout the service system and provide guidance to substitute families providing residential care.

Community Development - Families have many needs which cannot be met through state funded services. Schools, churches, neighbors, and local community organizations must be integrated with the family support services network.

3.7. Addendum #2: Family Support Training Plan Working Paper

This working paper on Family Support Training was produced by the Training Subcommittee of the Family Support Work Group in two sessions held on 2/18/94 and 4/8/94.

3.7.1. Members of the Subcommittee

- Ken Doss, an Adult Developmental Home provider, certified nurse, and member of the DD Advisory Committee.
- Karen Van Epps, sister of person with developmental disabilities, previous chair of the Governor's Council on Developmental Disabilities, and member of Arizona ARC.
- Becky Hamblin, parent of child with developmental disabilities from Springerville, Arizona.
- Kathy Kelly, Chair of the Training Committee and program coordinator for Tempe Center for Habilitation.
- Connie Sheets, Case Management Coordinator for the Division of Developmental Disabilities.
- Facilitator: Joe Patterson, Consultant to the Family Support Work Group

3.7.2. Frameworks for Developing a Family Support Training Initiative

The Committee discussed issues of Family Support Training within the following frames:

1. Content: What We Want to Communicate
2. Audience: Who We Want to Influence
3. Impact: What We Want the Audience to Do
4. Methods: How We Will Communicate
5. Development: How We Will Build the Training Program
6. Implementation: How We Will Deliver the Training Program

3.7.3. CONTENT: What We Want to Communicate

- What constitutes "family support." A definition of family support. Audiences will learn how family support is the same or is different from the current services.

- How family support is carried out. Audiences will learn how the procedures and actions are the same or different from how services are currently being carried out.
- Who is supported by family support and who provides family support.
- When and where family support occurs.
- The benefits of family support:
 - Costs and savings in family support
 - Quality of outcomes for people, opportunity to live a normal life
 - Empowerment of individuals and families; decreased dependency
 - Accessing the untapped power and knowledge of parents.
- What we all need to do to make family support a reality:
 - Trusting the wisdom and competence of families
 - Learning what families need; listening to families
 - Changing the way we do business; understanding the difference between a service paradigm and a supports paradigm
- The national family support movement: What has been accomplished, what is happening across the country, and where is it going in the future.
- The Arizona family support movement:
 - The Arizona family support legislation
 - The DDD Mission and Values
 - Quality assurance, quality enhancement, quality management
 - Strategic planning
 - The ISPP as tool and opportunity for family participation and support
 - Case management training and development
 - Other Arizona initiatives

3.7.4. AUDIENCE: Who We Want to Influence

- Legislators
- Top Management in State Systems
 - Division of Developmental Disabilities Assistant Director, Central Office Staff, District Program Administrators, and District Program Managers
 - Department of Economic Security Management
 - AHCCCS Management
 - Department of Education Managers
- DDD Middle Management

- Area Program Managers
- Case Management Supervisors and Case Managers
- District Business Managers
- Providers
 - Executive Directors, Program Directors, and Business Managers of service providing agencies
 - Independent Habilitation, Respite, Housekeeping, and Consulting Services providers
 - Medical and nursing services providers
 - Provider associations: AAPD, etc.
- Parents and Family Members
 - All parents and families of children with disabilities
 - Foster parents and family members
- Advocates
 - Formal DDD Advocacy Groups: ARC, GCDD, DAC's, Pilot Parents, etc.
 - DDAC
 - ACCI
 - Center for Law in the Public Interest
- Community Members and General Public
 - Churches
 - Civic groups
 - Schools and Universities
 - Hospitals; medical and dental groups
 - Businesses, employers

3.7.5. IMPACT: What We Want the Audience to Do

- Legislators
 - Understand how the current system works in order to understand how family support is different. Be able to recognize the problems in traditional service systems which family support addresses (for example: know that contracted service providers provide most of the services under the current system). Recognize the forces that are opposed to family support.
 - Understand the benefits, both quality and cost effectiveness, of family support.
 - Sponsor and support legislation which strengthens family support.

- **Top Management in State Systems**
 - Listen to families. Get rid of some "bad habits" such as blaming parents and approaching parents as adversaries.
 - Loosen "controls." Be flexible and creative in using the existing resources within existing rules to provide supports to families. Stop saying, "Yea, but..." Get out of the box of traditional service-centered thinking. Remove barriers. Change or remove rules and regulations that are barriers to family support.
 - Know what "support" is and how it may be different from a "service." (For example, support may be helping a family purchase a fence to make a yard safe for a child to play in as opposed to a service to supervise the child.)
 - Provide leadership. Give the "message from the pulpit." Make supportive statements: "We are committed. This is the right thing to do."
 - Budget for family support. Fund family support. Make family support a part of the contracting process.
 - Keep the family support idea in the forefront of all planning. Plan implementation of family support. Use family support principles to guide decision making.
 - Give time and energy to family support. Provide staffing and support those staff.
 - Improve understanding among staff. Remove misinterpretations. Ensure everyone understands the definitions of services and does not apply unnecessary or capricious rules (for example: understand respite services, why they are needed, and remove unnecessary barriers to accessing the service).
 - Be accountable. Ensure that staff performance is evaluated in light of family support principles.
 - Understand the costs and benefits of family support. For example, improved quality of life for families with improved cost effectiveness for support dollars spent.
 - Develop alternative systems for family support. For example, explore independent case management.
 - Ensure that the ISPP team process is guided by family inclusion, participation, and empowerment.
 - Work in partnership with communities, schools, and businesses to further family support.
 - Influence (lobby) other state systems to encourage family support.

- **DDD Middle Management**
 - Improve implementation of family support on a local level and in common daily practice.
 - Use family support principles to guide problem-solving and decision-making.

- Improve teamwork and partnership with families and others working in family support.
- Providers
 - Work in partnership with families.
 - Develop innovative and flexible supports for families.
 - Become "customer-centered" and recognize the family as customer.
 - Join the family support movement rather than be threatened by it.
- Parents and Family Members
 - Re-establish hope. Rekindle faith that we can work together and that we can succeed.
 - Enable and empower families. Help them see what is possible and how they can participate in planning, implementation, and evaluation of supports. Ensure that families are full participants in the ISPP process.
 - Gain information and knowledge about how supports and services are developed, funded, and accessed.
 - Gain skills in working with the existing systems, personnel, and resources in their communities.
 - Gain advocacy skills. For example, the family will be able to clearly define what the family needs versus asking for an existing service name.
 - Be able to access and use various tools for family support. For example, checklists, guides, handbooks, and directories.
 - Network with other parents and form partnerships with advocates, advisory groups, providers, DDD, and communities.
 - Gain an understanding of how the change to family support can best be carried out. Understand that the family support movement is evolving, that there is no quick fix, and that, in order to be successful, it will require effective partnerships.
- Advocates and Advisory Groups
 - Gain an understanding of what family support is and how it works.
 - Develop strategies to further family support by working with families, influencing state and provider agencies, and promoting legislation.
- Community Members and General Public
 - Understand family support and the role of community members in providing family support.
 - Join with others in partnerships to further family support.

3.7.6. METHODS: How We Will Communicate

- Communication will be guided by a few general principles:

- This is no mystery. Families, friends, and communities have always understood family support. Family support is a national movement which relies, once again, on some common American capacities.
 - Parents and family members can communicate the message effectively because they can speak from experience.
 - Understanding will be furthered by true dialogue between families, community leaders, and top management of state and provider agencies.
 - The message is best delivered in the local community. Involve local participants in the process.
 - Identify and empower the family as "customer."
- Several media may be used to get the message out. Some of these are described below. They are arranged from simple to complex. Some may be more appropriate for public relations/education, while others will be more appropriate for in-depth training.
 - Flyers: Simple one-page documents which give the basic information about what family support is, how it works, how to get involved, and who to contact for further information.
 - Brochures: Similar to a flyer but with more information on background, funding, and participating agencies or groups.
 - Public service announcements: Brief (usually 30-second) television or radio announcements which define a salient characteristic of family support and provides a contact person or number for information about how to become involved.
 - Human interest stories: Television or newspaper stories which focus on what family support means to specific families and communities. These stories can be developed through contacts with local news and television reporters.
 - Documentary video tapes: Professionally produced and edited video tapes which document experiences of family support from a variety of perspectives. These tapes may be used in a variety of settings including formal training sessions, group orientations, or individual viewing.
 - Manuals or handbooks: In-depth definitions of family support with supporting resource materials and references. Will also include tools such as checklists, planning guides, and evaluation tools.
 - Local seminars, panels and forums: These are live, face-to-face meetings which include family members, community, and agency personnel presenting issues of family support and responding to questions from local community groups.
 - Workshops: Formal training opportunities which include a mix of presentation and practical exercises for participants. Workshops will typically include a variety of presenters, written materials, and video presentations.
 - Networked organizational learning projects: Organizations join in partnership to pilot demonstration family support projects. These projects are called "learning" projects because the participating agencies agree to learn (that is, adjust their practices) based upon shared

experiences in the projects. They are "demonstration" projects in that they are fully documented (written materials, video documentaries, etc.) so they can be shared with others. They are "networked" in that several demonstration projects are linked so that participants can communicate and share practices, outcomes, and lessons learned.

- Statewide conference on family support: A formal bringing together of participants after a year's experiences in family support. The conference might include keynote speakers, invited legislators and other community leaders, workshops, panels, media presentations, focus groups, and demonstration project evaluations.
- Ongoing family support work group: A permanent working group including a mix of stakeholders who maintain a focus on family support and continue to further implementation in Arizona.

3.7.7. DEVELOPMENT: How We Will Build the Training Program

- Gather existing materials. Family Support Work Group members are asked to send copies of materials to the Training Committee Chairperson, Kathy Kelly, at Tempe Center for Habilitation. Some materials might include:
 - Examples of family support materials from other states.
 - Minnesota Partners in Policy Making
 - Arizona Case Management Training materials and video documentaries
 - Arizona IHD/UAP Service Coordination Manual
 - Any other relevant literature
- Investigate and link other state resources. Find out who is doing what. For example, DES Quality Management initiatives, Partnering Work Groups, Department of Education initiatives, and University sponsored projects or programs.
- Produce new materials:
 - Concept paper which compares and contrasts family support with non-family support approaches
 - Flyer
 - Brochure
 - Handbook or manual
 - Video documentaries
 - Workshop training outlines and materials
- Develop local family support coordinators. Family support coordinators might be members of existing advocacy groups, volunteers, or contracted providers. Coordinating functions are commonly considered a part of family support councils and would include:
 - Solicit local input and review of materials
 - Recruit participants for focus groups, panels, workshops, projects, and documentaries.

- Provide a local communication link for family support activities
- Help families participate
- Meet with local focus groups. Once the Family Support Work Group has assembled and summarized existing materials and produced some draft documents, they will meet with a cross section of stakeholders in several communities to review the content, gather suggestions for improvement, recruit local contacts, and lay the groundwork for presentation of the materials.

3.7.8. IMPLEMENTATION: How We Will Deliver the Training Program

- The family support work group will receive this working paper on May 5 with comments and suggestions solicited at that time.
- The Training Committee, with input from other work group members, will produce basic training materials during May and June. These will include:
 - Training outline: Basic content and methods
 - Tentative training schedule
 - Brochure and/or flyer
 - Information packet which includes the brochure, legislation, and related information
- The Family Support Work Group and Training Committee members will meet with the DDD Assistant Director and Management Team in July to present the Training Plan for their review and comment. The Assistant Director and members of the Management Team will be asked to provide District level support for implementation of the training plan. Management will be informed on progress at regular intervals.
- Training materials will be finalized, and local groundwork in preparation for training will be completed during July and August. Local coordinators will be recruited (contracted), and they will begin recruiting the audience for training.
- Implementation will start in September. The first component will be a "blitz" presented around the state by a carefully selected and prepared "road team." The road team will have broad representation with a member (or members) being parents, advocate, case manager, manager, and provider. The road team will present the first orientation to family support in 2 or 3 hour sessions presented in local communities easily accessible to families. The procedures will be similar to those followed in the ISPP "blitz" of last year.
- Other training activities described above (e.g., workshops, organizational learning projects, conferences, etc.) will be planned with information and feedback gathered during the blitz phase.

3.8. Addendum #3: Proposed Family Support Training Plan

3.8.1. Need

A successful family support initiative requires participation and cooperation among many stakeholders: families, DDD staff, other human service agency staff, service providers, advocacy groups, and community members.

Successful family support will require that these stakeholders possess:

1. shared values
2. knowledge of the systems for support
3. skills to support families in an effective and cost efficient manner

Training is one way to help the various stakeholders gain these shared values, increase their knowledge, and learn essential skills for success.

3.8.2. Goals and Objectives of this Proposal

Refer to Working Paper of 4/19/94 for the Training Committee's outline of the training content, target audiences, impact desired, methods, development, and implementation of a family support training initiative.

This proposal presents a basic framework for delivery of training to a broad spectrum of family support stakeholders throughout Arizona with a goal of informing them and recruiting their participation in the state's family support initiative.

In order to accomplish this goal, resources must be gathered, materials produced, training teams organized, and training delivered through a variety of means in many locations.

(A comment and caution on the word training. This proposal, as well as the prior working paper, uses the word **training**, however, other words may be more appropriate since we do not see this as a one-way process. We have much to learn also. Better words might be **mutual learning** or **education**.)

3.8.3. Methods

Blitz

The method of training described in this proposal has been referred to as a "blitz" or a "road show." Critical elements of the "blitz" include:

- **Focus:** A blitz is a first step. It is a way to get the message out to the largest audience in the shortest amount of time. As a result, it must focus on priority issues and leave room for more extended and ongoing involvement at a later time.

- **Consistent message and delivery:** The content and the presentation of the information is consistent across all locations and with all audiences.
- **Team work:** Training is delivered by a team who work together, support each other, and ensure responsiveness to the community.
- **Local presentation:** The message is delivered in family communities with all efforts made to make sessions as accessible as possible.
- **Limited time frame:** All audiences are contacted within a relatively short time so that information is current and a "ground swell" of enthusiasm will be generated.

Locations

The two urban areas, metropolitan Phoenix and Tucson, account for the bulk of the state's population and will require more sessions in order to reach that population. However, an advantage of the urban areas is that greater numbers can participate without extensive travel.

Rural areas, on the other hand, will require more sessions with smaller groups in order to reduce travel time and make the sessions accessible to typical family and community members.

Proposed training locations and numbers of sessions required are outlined below:

Location	Sessions
Phoenix metro area	10
Tucson	4
Sells	1
Casa Grande/Coolidge	2
Globe	1
Payson	1
Nogales	1
Sierra Vista	1
Bisbee/Douglas	1
Safford/Clifton	1
Yuma	1
Lake Havasu	1
Kingman/Bullhead City	1
Prescott	1
Cottonwood	1
Flagstaff	1
Showlow	1
Springerville	1
Holbrook/Winslow	1
Gallup/Window Rock	1
Chinle	1
Tuba City	1
Total Sessions	35

Statewide Training Team

The committee members made nominations for people to include on the training team. The nominees have not all been contacted to this date, and this list should be considered tentative and open for discussion, additions, and/or deletions.

- Becky Hamblin, parent, Family Support Work Group (FSWG)
- Connie Sheets, State DDD Case Management Coordinator, experienced in training "blitz," FSWG
- Kathy Kelly, Training Committee Chair, FSWG
- Joe Patterson, Consultant, experienced facilitator, FSWG
- Jannah Scott, OCSHCN, experienced in community development, FSWG
- Mary Slaughter, Pilot Parents, experienced organizer, FSWG
- Karen Van Epps, Advocate, family member, FSWG

The DDD Assistant Director should be asked to designate a "lead" person to assist the team in development and implementation of the training.

Local Family Support Contact(s)

Each community will require a local person(s) to organize the training sessions. Some of the responsibilities of the local family support contact include:

- Recruit participation by families and community members. Some recruiting activities might include presentations to other agencies, the local chamber of commerce, the city council, schools, clubs, and churches.
- Work out logistics of the local session: site, time, etc.
- Seek funding, transportation, and other supports for families who may need assistance in order to participate.
- Participate in training sessions.

Steps to Launch the Training Blitz

- Finalize Training Team membership
- Review this plan and the working paper with the DDD Assistant Director
- Review the plan with DDD Management Team to inform and gain commitments for support and participation
- Review plan with Chair of Governor's Council
- Present plan to GCDD and ask for assistance in recruitment and participation
- Present plan to advocacy groups and advisory councils to inform and demonstrate how missions are linked. Recruit support and participation.
- Finalize the local contacts

- Develop materials:
 - Flyer/Fact Sheet
 - Copy of legislation with interpretive annotations
 - Video: Case management training materials; other video which may be appropriate (e.g., June Downing's materials).
 - Program Manual/Brochure (see the Colorado Family Support Services Program)
- Complete eight 1/2 day planning sessions bringing the Training Team and the local contacts together in order to:
 - Define needs
 - Clarify functions/role/methods
 - Set objectives
 - Schedule/logistics
- Local contacts complete preparations in their own communities.
- Training Team and local contacts present 35 training sessions.

Budget

There are still many unknowns which prevent this budget from being as precise as might be desired, however, it is the Training Committee's firm opinion that family support is everybody's job. Therefore, much of the cost of the training blitz will be covered by existing agency budget allocations and current personnel positions. As such, these costs are not calculated in dollar amounts and are noted as in-kind contributions in the budget below. Agency budgets include those of the DDD as well as other governmental agencies and advocacy groups. This approach will mean, however, that managers of the collaborating agencies will need to prioritize family support and ensure that existing resources are directed to this effort.

Materials

Item	In-kind Contributions	New Costs
<i>Flyer</i>		
Writing and design		Consultant - \$500
Printing costs	DDD, 10,000 @ 1 page, 2-color	
<i>Program Manual</i>		
Writing	DDD 15 Days	

Printing	DDD 1000 @ 25 page w/3 ring binder	
<i>Video Documentary</i>		
Production (taping and edit)	DDD Case Management Training Project	
Duplication (time and materials)	DDD, GCDD, Advocacy, 100 copies of 30-minute tape	

Local Family Support Contacts

Item	In-kind Contributions	New Costs
Individuals who are supported by advocacy groups or advisory councils	District Advisory Councils, other advocacy personnel	
20 family members who are not supported though existing agencies to work with individuals noted above and serve as local "hosts" and organizers.		One time stipend to set up training session(s) in their communities. \$200 @ 20 parents = \$4,000

8 Planning Sessions with Local Contacts

Item	In-kind Contributions	New Costs
Group Facilitation and Documentation	DDD consultant currently funded for Case Mgmt training, 10 days	
Travel, lodging and per diem for funded participants	DDD, Advocacy Groups, Advisory Councils, GCDD	
Travel for family members		20 families @ 500 miles x \$.25/mile = \$2,500

Lodging for family members		20 families @ 1 night x \$55/night = \$1,100
Per diem for family members		20 families @ 2 days x \$25/day = \$1,500

35 Community Training Sessions

Item	In-kind Contributions	New Costs
Materials preparation, facilitation and documentation	DDD consultant currently funded for Case Mgmt training, 35 days	
Training Team travel, lodging, and per diem (this is the most difficult budget element to estimate until further decisions are made)	Some team members are supported for travel, lodging and per diem through existing DDD, GCDD, or advocacy agency budgets.	(unsupported estimate) \$10,000
Family travel. Most sessions will be held in the families local community, therefore travel will be minimal		(unsupported estimate) \$1,000

4. PLANNING SUBCOMMITTEE REPORT

4.1. Purpose of the Subcommittee

This subcommittee was formed to develop the Family Support planning process required by statute and which will guide how services will be established, provided, and evaluated.

4.2. Working Assumptions of the Subcommittee

The Family Support planning process should be implemented at the "grass roots" level, empowering local groups to develop, implement, and evaluate the family support program to ensure their needs are met.

The subcommittee recommendations should reflect the following values:

- Arizona will enable families with members who have a developmental disability to strengthen their role as primary caregiver by:
 - Preventing inappropriate out-of-home placements
 - Maintaining family unity
 - Reuniting families
- Family support initiatives will enhance and promote:
 - A sense of community, bringing people together around shared values
 - Shared responsibility and collaboration by stakeholders
 - Family integrity and competencies
 - Proactive human service practices
 - Mobilization of community resources

4.3. Highlights of Subcommittee Discussion

The subcommittee viewed the Family Support legislation as flexible in respect to the development of a Family Support Program which will allow for community control and creativity.

The subcommittee identified numerous existing agencies, councils, and networks to assist in the planning, implementation, and evaluation of the Family Support Program and does not, therefore, see the need for new mechanisms (i.e., Family Support Councils) at this time.

4.4. Subcommittee Methodology

The subcommittee undertook a series of meetings including input from the full work group and other subcommittees from which it developed guidelines and recommendations for a family support planning process, developed recommendations

for a process to ensure that the family support program is evaluated annually, and incorporated plans to ensure that family support information is disseminated.

4.5. Recommendations

1. The Division of Developmental Disabilities should support the planning process by making staff or consultant assistance available.
 - a. The Division should dedicate at least a full time Family Support Resource Specialist who will compile the information gathered through the planning process and complete a comprehensive implementation and evaluation plan for family support.
 - b. The Family Support Resource Specialist should create a "how to" manual to assist all stakeholders in implementing and maintaining the Family Support Program.
 - c. The Family Support Resource Specialist should serve as a consultant/liaison to all local area planning groups and help coordinate the activities of future family support resource staff.
 - d. The Division of Developmental Disabilities should request funding for FY 96 to establish family support resource staff. These staff, along with the Division level Family Support Specialist, will help implement Family Support Program initiatives at the local level.
2. Family Support planning should be implemented through a three year process:
 - Year 1 = Planning
 - Year 2 = Implementation (to be determined by Year 1 planning)
 - Year 3 = Evaluation (to be defined by the Family Support act, DES rule and plan)
3. Year I planning should be implemented using the following processes and strategies:
 - Conduct a comprehensive assessment of communities to identify lead family support advocates, community resources, and needs. The family support resource specialist will assist the community in establishing local area planning groups.
 - Utilize planning questions including:
 - What are the communities' priorities and needs for family support?
 - What are the communities' resources and strengths to implement and maintain family support?
 - What are the communities' roles and responsibilities to establish family support?

- What barriers exist to the implementation of family support?
 - How should additional resources be allocated and managed?
 - What does the community look like? Define its geographic boundaries and population.
4. Community assessments should be conducted in part through thirty-five awareness sessions coordinated by the Training Subcommittee. Additional information should be sought from organized and ad hoc groups, family gatherings, questionnaires, and other means deemed appropriate by local planning groups.
 5. The Division of Developmental Disabilities should invite ongoing review and oversight by the Family Support Steering Committee to ensure that planning and policy development is consistent with Family Support legislation and operating principles.
 6. Planning and Training Subcommittee initiatives should be jointly managed by combining these committees for the implementation phase of their recommendations.

5. BUDGET SUBCOMMITTEE REPORT

5.1. Purpose of the Subcommittee

This subcommittee was formed to make recommendations that will be used to identify what constitutes the Family Support Budget for DES/DDD. SB1136 requires the Division to submit an annual budget request that "shall include a specific request for Family Support Program funding" and "shall annually evaluate the Family Support Program and submit a written report...that contains...administrative costs associated with the Family Support Program."

5.2. Working Assumptions of the Subcommittee

Throughout the discussions of the Budget Subcommittee, the members agreed that it was important to not simply identify a budget but to also ensure that this budget would help to promote the change in public policy that Family Support represents. Budgets should directly translate agency philosophy. The subcommittee viewed the budget process as having equal importance to the budget itself and wanted to use the budget as an educational tool to inform those who review it about Family Support as a living concept.

5.3. Highlights of Subcommittee Discussion

The subcommittee discussed designing a budget that would reflect how the system needs to be developing programmatically for the next decade in order to allow the Family Support philosophy to be implemented throughout DDD.

The subcommittee decided that the Family Support Budget needed to be a part of the total DDD budget and not seen as a separate stand alone budget...it needed to be integrated into the total DDD operations and budget.

The subcommittee determined not to break out "above the line" expenses as part of the Family Support Budget. Although personnel such as case managers are part of a Family Support Program, members decided that it would be extremely difficult and only speculative to assume which portions of such personnel costs might apply.

The subcommittee identified the services that are purchased with "below the line" funds and could be considered supporting to families (as defined by statute).

The subcommittee reviewed the placement codes used to identify which dollars are spent in a family supportive manner (i.e., "at home" services). The residential codes such as ADH, FH, GH, and CRS excluded some potential options that might be designed by individuals and their families. This led the subcommittee to develop a new placement code entitled "Individually Designed Living" (IDL). The committee developed a definition of IDL (see attached).

In order to further demonstrate the concept of Family Support within the budget document, the subcommittee proposed that the Family Support Budget be divided

between Family Managed Funds (i.e., subsidies, vouchers) and Systems Managed Funds (i.e., contracts).

Representatives met with DES/DDD budgeting staff to discuss the proposed budget design. There were no objections to this budget format and subcommittee members were told that this was workable.

As the FY 96 budget request was being developed, the subcommittee chair was consulted by DES/DDD. As a result, the budget submission included the recommended structure for Family Support, an additional \$540,000 for Assistance to Families, an additional \$2,152,600 for adults on the waiting list, and \$1,100,000 for 27 FTE's and operating expenses related to the waiting list request. These were all identified as part of the Family Support budget related to the implementation of the bill.

The subcommittee chair also met with the DES/DDD licensing staff to discuss issues related to licensing and/or monitoring of the newly recommended individually designed living arrangements. The issues related to licensing have not been resolved. The subcommittee recommends that, as licensing rules and instructions are finalized, the IDL concept should be considered and the Family Support Work Group involved in discussion to determine DDD procedures.

5.4. Subcommittee Methodology

Subcommittee work was accomplished primarily at the Family Support Work Group meetings. Central to the design of the Family Support Budget was a focus on the Individually Designed Living concept and defining it. There was lively discussion and debate between subcommittee members and the full Work Group. Consensus was reached on the IDL concept.

During the month of April, the subcommittee chair met individually with DES/DDD budget and licensing staff to discuss the subcommittee proposals.

As this final report is being completed, it is clear that more work needs to be done related to the licensing and monitoring issues for proposed individually designed living arrangements.

5.5. Recommendations

1. The subcommittee recommends that the Family Support Steering Committee and advocacy groups be actively involved in determining how any new Family Support and waiting list funds are requested (including FY 96) in order to advance Family Support values and principles. (FY 96 Budget proposal is Addendum #1)
2. The Division of Developmental Disabilities should define the Family Support Budget as all allocations for Purchase of Care Services, Supplemental Payment Program and Assistance to Families (Family Support Subsidy) to be spent for persons with either an "At Home" or "Individually Designed Living" placement

code. Further, this Family Support Budget should be divided between System's Managed Funds (i.e., contracts) and Family Managed Funds (i.e., voucher, subsidies). (Addendum #2)

3. Individually Designed Living (IDL) arrangements should be defined as follows: A child not residing with its family but living in a setting that is created and designed by the family. An adult may create their own family. This describes an autonomous adult living situation in which a person resides in an individually designed setting that promotes contact with the family and provides flexibility with respect to choice of time spent within the family and choice of living companions. Key identifiers are "created by," "designed by," "choice," and "flexible." (Addendum #3)
4. IDL arrangements should not be subject to the licensing and monitoring requirements established for Community Residential Settings (CRS).
5. The Family Support Steering Committee should continue to be involved with DDD in defining necessary quality review requirements for services delivered in the family home or IDL arrangements.
6. The Family Support Steering Committee should be involved with DDD in identifying administrative costs associated with the Family Support Program. The Family Support Program administrative costs will be identified within the context of the entire administrative costs of operating DDD.

5.6. Addendum #1: Issue Fact Sheet, FY96 Budget Proposal

Department of Economic Security
Division: Developmental Disabilities

ISSUE TITLE: Family Support

ISSUE: The Division, through the passage of Senate Bill 1136, has made a commitment to provide Family Support by: (1) Strengthening the family's role as primary care giver; (2) Preventing inappropriate out-of-home placements; (3) Maintaining family unity; (4) Reuniting families with members who have been placed out of the home; and (5) Providing support which includes respite care, assistive technology, appropriate personal assistance services, parent training and counseling, vehicular and home modifications, and assistance with extraordinary expenses associated with the needs of the person with a developmental disability. The mandatory language in the bill requires the Division to submit a budget pursuant to this commitment.

IMPACT OF NOT FUNDING: The Division is required to develop a plan to address Senate Bill 1136. While Senate Bill 1136 does not mandate new or expanded services, the Division requests funding that is necessary to implement the plan as budgetary impacts are measured against existing resources.

SOLUTION: Provide \$540,000 in additional state funds to fund a critical provision of the Family Support bill which is the Family Support Subsidy, bringing the Assistance to Families special line item to \$1,003,200. At a maximum level of \$400/family/month (\$4,800/year), this would provide support for an additional 112.5 families for a full year.

Provide \$1,766,400 in additional state funds, below the line, to fund those services not funded in the waiting list, relating to the adult population.

Provide \$1,100,000 in additional state funds, above the line, to fund an estimated 27 FTEs and operating expenditures related to the funding of the above waiting list related services.

COST:

STATE FUNDS:	\$3,406,400
STATE FTEs:	27.0

* NOTE: These calculations include services not currently received by an adult segment of the identified clients waiting for services.

5.7. Addendum #2: Budget Breakdown

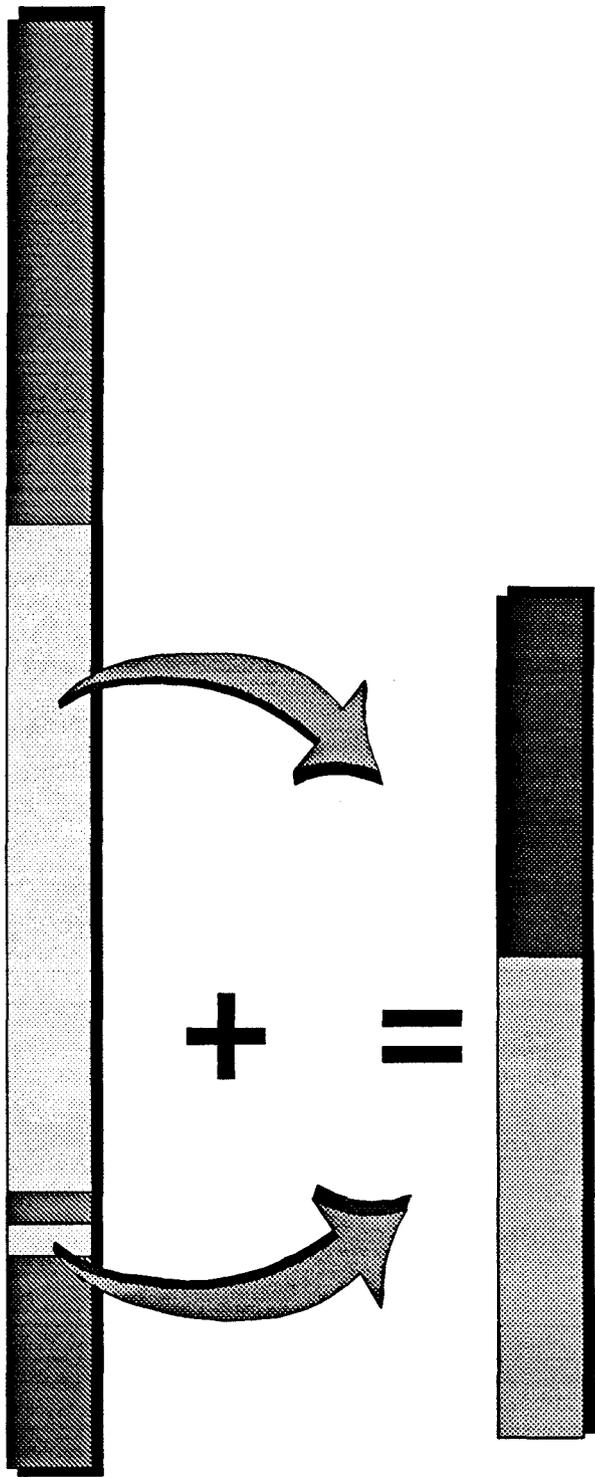
PERSONAL SERVICES
 EMPRELATED EXPENSES
 PROFESSIONAL & OUTSIDE
 TRAVEL IN-STATE
 TRAVEL OUT-STATE
 FOOD
 OTHER OPER EXPENSES
 CAPITAL EQUIP
 TOTAL ALL OTHER OPER
 SUBTOTAL

 FOSTER CARE
 Residential-Hab
 Family-Hab
 Room and Board
 Support Svcs
 Home Recruit (SSBG)
 ICF/MR-Hab
 Surplus
 TOTAL FOSTER CARE

 PURCHASE OF CARE
 Residential-Hab
 Room and Board
 Residential-ICF/MR
 Rehab Instruction Svc
 Basic Eduation
 Adult Day Services
 Day Treat/Training
 Early Intervention Pr
 Day Treat/Educational
 Comm Living Support
 Physical Therapy
 Speech Therapy
 Occupational Therapy
 Transportation
 Home Nursing
 Respite-Contin/Term
 Medical Supp Svcs
 Supp Svcs-DP
 Other Support
 Other Support/SSBG
 Personal Care
 Surplus
 TOTAL PURCHASE OF CARE

 HOUSEKEEPING PAYMENTS
 OUT-OF-DIST PLACEMENT
 ASSISTANCE TO FAMILIES

 ASH COMM PLACEMENT
 STIPENDS & ALLOW
 VOC REHAB CONTRACTS
 SSBG PASS THROUGH
 SPECIAL OLYMPICS
 ARS 36-572
 SSBG PASS THROUGH
 SUBTOTAL BELOW THE LINE
 TOTAL DOLLARS



**Family
 Managed
 Funds**

**System's
 Managed
 Funds**

DDD Overall Budget

**DDD Family
 Support Budget**

5.8. Addendum #3: Defining Individually Designed Living (IDL)

Individually Designed Living (IDL) is an arrangement for children not residing with their family (as defined by statute) but living in a setting that is created and designed by the family. An adult may create their own family. This describes an autonomous adult living situation in which a person resides in an individually designed setting that promotes contact with the family and provides flexibility with respect to choice of time spent within the family and choice of living companions.

Clarifiers:

Key words: "created by" "designed by" "choice"... "flexible"

Examples of IDL arrangements:

- small (three or less) group of families pool resources to design/create their own residential arrangements (outside of the parent's home)
- family leaves home to child/adult and designs the use of it, including choice of companions
- adult living in apartment/home of their own choice
- choice of living companions and/or home

Examples of At Home arrangements:

- living with parents, extended family or adoptive parents
- child temporarily living outside of their family home for a short time (less than one month), possibly repetitively (not to exceed 1/4 of the time outside of the home).

Examples of Out of Home arrangements:

- group home
- no choice of companions
- no choice of location
- ICF, ICF/MR, SNF, Foster Care, ADH

6. APPENDICES

6.1. Family Support Act (SB1136)

FILED
ARIZONA
SECRETARY OF STATE

State of Arizona
Senate
Forty-first Legislature
First Regular Session
1993

CHAPTER 109

SENATE BILL 1136

AN ACT

AMENDING TITLE 36, CHAPTER 5.1, ARIZONA REVISED STATUTES, BY ADDING ARTICLE 5; RELATING TO DEVELOPMENTAL DISABILITIES.

1 Be it enacted by the Legislature of the State of Arizona:

2 Section 1. Title 36, chapter 5.1, Arizona Revised Statutes, is
3 amended by adding article 5, to read:

4 ARTICLE 5. FAMILY SUPPORT

5 36-596.51. Definitions

6 IN THIS ARTICLE, UNLESS THE CONTEXT OTHERWISE REQUIRES:

7 1. "ASSISTANT DIRECTOR" MEANS THE ASSISTANT DIRECTOR OF THE
8 DIVISION OF DEVELOPMENTAL DISABILITIES.

9 2. "COMMUNITY SUPPORTS" MEANS COMMUNITY BASED PROGRAMS DESIGNED TO
10 PROMOTE INDEPENDENCE, PRODUCTIVITY AND INTEGRATION FOR INDIVIDUALS WITH
11 DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES.

12 3. "DISTRICT" MEANS AN ADMINISTRATIVE AREA OF THIS STATE DESIGNATED
13 BY THE DIVISION OF DEVELOPMENTAL DISABILITIES IN THE DEPARTMENT OF
14 ECONOMIC SECURITY.

15 4. "FAMILY" MEANS A GROUP THAT LIVES TOGETHER AND THAT CONSISTS OF
16 AT LEAST ONE PERSON WITH A DEVELOPMENTAL DISABILITY AND THAT PERSON'S
17 PARENT.

18 5. "FAMILY SUPPORT" MEANS SERVICES, SUPPORTS AND OTHER ASSISTANCE
19 THAT ARE PROVIDED TO FAMILIES WITH MEMBERS WHO HAVE A DEVELOPMENTAL
20 DISABILITY AND THAT ARE DESIGNED TO:

21 (a) STRENGTHEN THE FAMILY'S ROLE AS A PRIMARY CARE GIVER.

22 (b) PREVENT INAPPROPRIATE OUT OF HOME PLACEMENT.

23 (c) MAINTAIN FAMILY UNITY.

24 (d) REUNITE FAMILIES WITH MEMBERS WHO HAVE BEEN PLACED OUT OF THE
25 HOME.

- 1 (e) INCLUDE RESPITE CARE, ASSISTIVE TECHNOLOGY, APPROPRIATE
2 PERSONAL ASSISTANCE SERVICES, PARENT TRAINING AND COUNSELING, VEHICULAR
3 AND HOME MODIFICATIONS AND ASSISTANCE WITH EXTRAORDINARY EXPENSES
4 ASSOCIATED WITH THE NEEDS OF THE PERSON WITH A DEVELOPMENTAL DISABILITY.
5 6. "FAMILY SUPPORT SUBSIDY" MEANS A GRANT THAT IS PROVIDED TO A
6 FAMILY ON BEHALF OF A FAMILY MEMBER WITH A DEVELOPMENTAL DISABILITY OR
7 DIRECTLY TO AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY FOR THE PURCHASE
8 OF SERVICES OR NECESSITIES REQUIRED TO KEEP THE FAMILY MEMBER OR THE
9 INDIVIDUAL IN THE FAMILY HOME OR THEIR OWN HOME OR NON-INSTITUTIONAL
10 SETTING.
11 7. "FAMILY SUPPORT VOUCHER" MEANS AN AUTHORIZATION OF PAYMENT FOR
12 SERVICES.
13 8. "INDEPENDENT" OR "INDEPENDENCE" MEANS THE EXTENT TO WHICH
14 INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES EXERT
15 CONTROL AND CHOICE OVER THEIR OWN LIVES.
16 9. "INDIVIDUAL PROGRAM PLAN TEAM" MEANS A GROUP OF PEOPLE
17 INTERESTED IN OR PROVIDING INDIVIDUAL SUPPORT TO:
18 (a) AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY. IF THAT PERSON
19 IS UNDER EIGHTEEN YEARS OF AGE OR HAS A LEGAL GUARDIAN, THE TEAM SHALL
20 FIRST HAVE THE PERMISSION OF THE PARENT OR GUARDIAN.
21 (b) A PARENT OR GUARDIAN.
22 (c) FAMILY MEMBERS, HEALTH PROFESSIONALS AND OTHER INDIVIDUALS THAT
23 A PARENT OR GUARDIAN INVITES TO PARTICIPATE IN THE INDIVIDUAL PROGRAM
24 PLAN.
25 (d) A REPRESENTATIVE OF THE DIVISION OR THE DISTRICT PROVIDING THE
26 PROGRAM.
27 (e) THE PROVIDER OF SERVICES TO A PERSON WITH A DEVELOPMENTAL
28 DISABILITY OR A REPRESENTATIVE OF THAT PROVIDER.
29 (f) THE CASE MANAGER.
30 10. "INDIVIDUAL SUPPORT" MEANS SERVICES, SUPPORTS AND OTHER
31 ASSISTANCE THAT ENABLES A PERSON WITH A DEVELOPMENTAL DISABILITY TO BE
32 INDEPENDENT, PRODUCTIVE AND INTEGRATED IN THAT PERSON'S COMMUNITY AND THAT
33 IS DESIGNED TO:
34 (a) ENABLE THE PERSON TO CONTROL THAT PERSON'S ENVIRONMENT AND HAVE
35 THE MOST INDEPENDENT LIFE POSSIBLE.
36 (b) PREVENT PLACEMENT IN A MORE RESTRICTIVE LIVING ARRANGEMENT THAN
37 IS NECESSARY.
38 (c) ENABLE THE PERSON TO LIVE, LEARN, WORK AND ENJOY LIFE IN THE
39 COMMUNITY.
40 (d) INCLUDE APPROPRIATE PERSONAL ASSISTANCE SERVICES, ASSISTIVE
41 TECHNOLOGY, VEHICULAR AND HOME MODIFICATION, SUPPORT AT WORK AND
42 TRANSPORTATION.
43 11. "INTEGRATION" MEANS THAT PERSONS WITH DEVELOPMENTAL DISABILITIES
44 AND THEIR FAMILIES:
45 (a) PARTICIPATE IN THE SAME COMMUNITY ACTIVITIES AND EMPLOYMENT AS
46 THOSE PERSONS WITHOUT DISABILITIES.
47 (b) USE THE SAME COMMUNITY RESOURCES AS THOSE PERSONS WITHOUT
48 DISABILITIES.

- 1 (c) RESIDE IN HOMES THAT ARE PART OF THE COMMUNITY.
- 2 (d) HAVE CONTACT WITH PERSONS WITHOUT DEVELOPMENTAL DISABILITIES.
- 3 12. "PARENT" INCLUDES A GUARDIAN, A LEGAL CUSTODIAN AND A PERSON
- 4 ACTING IN THE PLACE OF A PARENT. PARENT DOES NOT INCLUDE A PAID CARE
- 5 PROVIDER.
- 6 13. "PRODUCTIVITY" MEANS ENGAGEMENT IN INCOME PRODUCING WORK THAT IS
- 7 MEASURED THROUGH IMPROVEMENTS IN INCOME LEVEL, EMPLOYMENT STATUS OR JOB
- 8 ADVANCEMENT OR ENGAGEMENT IN WORK THAT CONTRIBUTES TO A HOUSEHOLD OR
- 9 COMMUNITY.
- 10 14. "THERAPEUTIC SERVICES" MEANS OCCUPATIONAL, PHYSICAL, SPEECH AND
- 11 LANGUAGE, RESPIRATORY, VISION AND OTHER THERAPIES TO INCREASE, MAINTAIN OR
- 12 IMPROVE THE FUNCTIONAL CAPACITIES OF INDIVIDUALS WITH DISABILITIES.
- 13 36-596.52. Family support program; administration; annual
- 14 report
- 15 A. THE DIVISION SHALL ADMINISTER A FAMILY SUPPORT PROGRAM SUBJECT
- 16 TO FUNDING APPROPRIATED BY THE LEGISLATURE OR OTHERWISE AVAILABLE FOR THIS
- 17 PURPOSE. THE DIVISION SHALL ADOPT RULES TO IMPLEMENT THIS ARTICLE.
- 18 B. THE DIVISION'S ANNUAL BUDGET REQUEST SHALL INCLUDE A SPECIFIC
- 19 REQUEST FOR FAMILY SUPPORT PROGRAM FUNDING.
- 20 C. THE DIVISION SHALL DEVELOP A FAMILY SUPPORT PLAN TO:
- 21 1. ASSESS NEEDS, ESTABLISH GOALS AND SET PRIORITIES FOR THE
- 22 PROVISION OF FAMILY SUPPORT SERVICES.
- 23 2. PROVIDE A COORDINATED DELIVERY OF FAMILY SUPPORT SERVICES.
- 24 3. DEVELOP COMPREHENSIVE SERVICES, RESOURCES AND PROGRAMS FOR
- 25 FAMILIES.
- 26 4. REVIEW AND COMMENT ON PLANS AND SERVICES THAT ARE PROVIDED BY
- 27 STATE AGENCIES AND THAT AFFECT THE FAMILY SUPPORT PLAN.
- 28 D. THE DEVELOPMENTAL DISABILITIES ADVISORY COUNCIL SHALL REVIEW THE
- 29 PLAN PRESCRIBED UNDER SUBSECTION C.
- 30 E. THE DIVISION MAY COORDINATE AND ASSIST IN COORDINATING EFFORTS
- 31 BY PUBLIC AND PRIVATE AGENCIES TO PROVIDE FAMILY SUPPORT SERVICES. THESE
- 32 EFFORTS INCLUDE:
- 33 1. IDENTIFYING SERVICES PROVIDED BY DIFFERENT AGENCIES TO ELIMINATE
- 34 DUPLICATION.
- 35 2. DESIGNING AREAS OF RESPONSIBILITY FOR SERVICES, IDENTIFYING GAPS
- 36 IN SERVICES AND ASSIGNING RESPONSIBILITY FOR PROVIDING MISSING SERVICES.
- 37 3. COORDINATING PLANNING AND IMPLEMENTATION AMONG AGENCIES AND
- 38 CONSUMER GROUPS TO ENSURE THAT INTERAGENCY PROGRAMS RECEIVE FULL SUPPORT
- 39 FROM ALL AFFECTED PERSONS AND AGENCIES.
- 40 F. THE DIVISION SHALL WORK WITH FAMILIES TO DEVELOP CRITERIA TO BE
- 41 USED AS A STANDARD OF SERVICES BASED ON NEED AND USED DURING THE
- 42 INDIVIDUAL PROGRAM PLAN PROCESS TO DETERMINE FAMILY ELIGIBILITY FOR FAMILY
- 43 SUPPORT SERVICES. TO DO THIS THE DIVISION MAY:
- 44 1. USE EXISTING DISTRICTS AS THE SINGLE ENTRY POINT FOR FAMILIES
- 45 SEEKING SERVICES FROM THE DIVISION AND THE FAMILY SUPPORT PROGRAM.
- 46 2. USE EXISTING PUBLIC AND PRIVATE LOCAL AGENCIES, FACILITIES AND
- 47 RESOURCES, INCLUDING PARENT ADVISORY GROUPS, TO CARRY OUT THE DAILY
- 48 OPERATIONS OF THE FAMILY SUPPORT PROGRAM.

- 1 3. PROVIDE GRANTS TO OR CONTRACT WITH AGENCIES, GRANTEES AND
2 VENDORS TO PROVIDE FAMILY SUPPORT SERVICES, SUBJECT TO FUNDING
3 APPROPRIATED BY THE LEGISLATURE OR OTHERWISE AVAILABLE FOR THIS PURPOSE,
4 ESPECIALLY IN REGIONS OF THIS STATE THAT ARE INADEQUATELY SERVED.
- 5 4. PROVIDE TECHNICAL ASSISTANCE TO AGENCIES AND CONSUMER GROUPS
6 THAT ARE DEVELOPING OR OFFERING FAMILY SUPPORT SERVICES, RESOURCES AND
7 PROGRAMS.
- 8 5. USE AVAILABLE STATE, REGIONAL AND LOCAL MEDIA TO SUPPORT
9 OUTREACH TO FAMILIES.
- 10 6. EXPAND THE HEARING PROCESS IN THE DEPARTMENT TO INCLUDE
11 REVIEWING FAMILY SUPPORT PROGRAM ELIGIBILITY DECISIONS.
- 12 7. PROVIDE FUNDING AND OTHER RESOURCES FOR TECHNICAL ASSISTANCE,
13 RESEARCH, EDUCATION, PRESERVICE AND IN-SERVICE TRAINING AND OTHER STAFF
14 DEVELOPMENT RELATING TO FAMILY SUPPORT SERVICES.
- 15 6. THE DIVISION MAY:
 - 16 1. ACT AS AN ADVOCATE FOR FAMILIES WITH MEMBERS WITH DEVELOPMENTAL
17 DISABILITIES.
 - 18 2. ADVOCATE FOR FAMILY SUPPORT SERVICES BEFORE THE LEGISLATURE, THE
19 PUBLIC, THE DEPARTMENT AND THE GOVERNOR.
 - 20 3. ADVISE THE GOVERNOR, THE LEGISLATURE AND ALL CONCERNED STATE AND
21 LOCAL AGENCIES ON ISSUES AFFECTING INDIVIDUALS WITH DEVELOPMENTAL
22 DISABILITIES AND THEIR FAMILIES.
 - 23 4. DIRECT COMPLAINTS BY CONSUMERS OF FAMILY SUPPORT SERVICES TO THE
24 PROPER AGENCIES FOR RESOLUTION, REVIEW ACTIONS TO RESOLVE THESE COMPLAINTS
25 AND TAKE ACTION TO ENFORCE A RESOLUTION OF COMPLAINTS IF NECESSARY.
- 26 H. THE DIVISION SHALL ANNUALLY EVALUATE THE FAMILY SUPPORT PROGRAM
27 AND SUBMIT A WRITTEN REPORT TO THE GOVERNOR, THE SPEAKER OF THE HOUSE OF
28 REPRESENTATIVES AND THE PRESIDENT OF THE SENATE THAT CONTAINS THE
29 FOLLOWING:
 - 30 1. INFORMATION ON THE IMPACT OF THE FAMILY SUPPORT PROGRAM ON
31 FAMILIES WHO PARTICIPATE AS WELL AS THOSE WHO DO NOT PARTICIPATE OR WHO
32 PARTICIPATED BEFORE BECOMING INELIGIBLE.
 - 33 2. SAMPLE ASSESSMENTS OF FAMILIES RECEIVING FAMILY SUPPORT
34 SERVICES, INCLUDING ASSESSMENTS OF THE ADEQUACY OF THE SERVICES, THE
35 CONSUMER SATISFACTION WITH THOSE SERVICES AND THE FISCAL AND PROGRAMMATIC
36 IMPACT OF ADDING SERVICES NOT CURRENTLY AVAILABLE.
 - 37 3. STATISTICS ON THE ACTUAL NUMBER OF APPEALS, THE OUTCOME OF THOSE
38 APPEALS AND CHANGES IN THE PROGRAM MADE AS A RESULT OF THE APPEALS.
 - 39 4. A SUMMARY OF EVALUATION REPORTS SUBMITTED ANNUALLY BY ALL
40 DESIGNATED REGIONAL AND LOCAL AGENCIES.
 - 41 5. INFORMATION ON EFFORTS TO REACH FAMILIES WHO MAY BE ELIGIBLE FOR
42 THE FAMILY SUPPORT PROGRAM.
 - 43 6. INFORMATION ON ANY INDIVIDUALS DISCHARGED FROM INSTITUTIONS THAT
44 CAN BE ATTRIBUTED TO THE ALTERNATIVE SERVICES OFFERED BY THE FAMILY
45 SUPPORT PROGRAM.
 - 46 7. INFORMATION ON PROGRAMS TO PREVENT FURTHER DISABILITY OR TO
47 AMELIORATE THE IMPACT OF DISABILITIES ON FAMILIES THAT CAN BE ATTRIBUTED
48 TO THE FAMILY SUPPORT PROGRAM.

1 8. INFORMATION ON EFFORTS TO DEVELOP NEW COMMUNITY BASED SERVICES
2 FOR FAMILIES.

3 9. RECOMMENDATIONS FOR ADDITIONAL PROGRAMS AND SERVICES TO FURTHER
4 SERVE FAMILIES.

5 10. STEPS TAKEN BY THE FAMILY SUPPORT PROGRAM TO INCREASE
6 COORDINATION WITH OTHER AGENCIES.

7 11. ADMINISTRATIVE COSTS ASSOCIATED WITH THE FAMILY SUPPORT PROGRAM.

8 36-596.53. Payor of last resort

9 A. THE DIVISION AND ALL DISTRICTS AND LOCAL AGENCIES THAT OPERATE
10 FAMILY SUPPORT PROGRAMS OR ADMINISTER PROGRAMS AUTHORIZED UNDER THE SOCIAL
11 SECURITY ACT SHALL ASSIST FAMILIES IN OBTAINING AND ENSURING FAMILIES USE
12 ALL AVAILABLE SOURCES OF MONIES BEFORE USING FAMILY SUPPORT SUBSIDIES OR
13 FAMILY SUPPORT VOUCHER MONIES.

14 B. THE DIVISION MAY USE MONIES APPROPRIATED TO THE DIVISION FOR
15 FAMILY SUPPORT SERVICES IF THIS IS NECESSARY TO PREVENT A DELAY IN THE
16 TIMELY PROVISION OF SERVICES TO AN ELIGIBLE PERSON OR THE PERSON'S FAMILY.
17 THE DIVISION SHALL SEEK WHENEVER POSSIBLE TO OBTAIN REIMBURSEMENT FOR
18 MONIES EXPENDED FOR THIS PURPOSE FROM THE AGENCY OR ENTITY THAT HAS THE
19 ULTIMATE RESPONSIBILITY FOR PAYMENT.

20 C. THE DIVISION MAY APPLY FOR AND RECEIVE FEDERAL GRANTS, MATCHING
21 MONIES AND PRIVATE GRANTS TO HELP FUND FAMILY SUPPORT SERVICES.

22 36-596.54. Family support vouchers and subsidies

23 A. THE DIVISION MAY PROVIDE FAMILY SUPPORT VOUCHERS FOR SERVICES
24 PROVIDED PURSUANT TO CHAPTER 29, ARTICLE 2 OF THIS TITLE IF THOSE SERVICES
25 ARE PROVIDED BY CERTIFIED PROVIDERS, ARE INCLUDED IN THE INDIVIDUAL
26 PROGRAM PLAN AND ARE APPROVED FOR TITLE XIX FUNDING. THE DIVISION BY RULE
27 SHALL PRESCRIBE CERTIFICATION STANDARDS. THESE CERTIFICATION STANDARDS
28 SHALL BE APPROVED BY THE DIRECTOR OF THE ARIZONA HEALTH CARE COST
29 CONTAINMENT SYSTEM PURSUANT TO CHAPTER 29, ARTICLE 2 OF THIS TITLE.

30 B. THE DIVISION MAY PROVIDE A FAMILY SUPPORT VOUCHER SYSTEM WITH
31 DIFFERENT ELIGIBILITY GUIDELINES AND SERVICE COVERAGE FROM THE VOUCHERS
32 WHICH MAY BE OFFERED PURSUANT TO SUBSECTION A.

33 C. A FAMILY MAY DECIDE HOW TO USE A FAMILY SUPPORT SUBSIDY IF THE
34 USE IS CONSISTENT WITH THE INDIVIDUAL PROGRAM PLAN AND THE FAMILY SUPPORT
35 SUBSIDY PROGRAM GUIDELINES.

36 D. FAMILY SUPPORT PAYMENTS ARE NOT TRANSFERABLE AND ARE NOT SUBJECT
37 TO SALE OR GARNISHMENT.

38 36-596.55. Community based services

39 A. THE FAMILY SUPPORT PROGRAM MAY ASSIST WITH OTHER COMMUNITY BASED
40 RESOURCES IN DEVELOPING COMMUNITY BASED SERVICES BY ESTABLISHING A PROGRAM
41 OF GRANTS TO DISTRICTS AND LOCAL AGENCIES AND PROVIDERS, BOTH PUBLIC AND
42 PRIVATE, AND TO CONSUMER GROUPS TO ESTABLISH OR DEVELOP FAMILY SUPPORT
43 SERVICES. THE FAMILY SUPPORT PROGRAM MAY ALSO CONTRACT DIRECTLY WITH
44 PUBLIC AND PRIVATE PROVIDERS AND CONSUMER GROUPS TO ESTABLISH COMMUNITY
45 BASED SERVICES PROGRAMS IF THEY ARE NOT READILY AVAILABLE.

46 B. THE FAMILY SUPPORT PROGRAM MAY PROVIDE TECHNICAL ASSISTANCE TO
47 PUBLIC AND PRIVATE AGENCIES AND TO CONSUMER GROUPS THAT ARE DEVELOPING OR
48 OFFERING FAMILY SUPPORT SERVICES.

1 36-596.56. Eligibility
2 A. A PERSON WHO IS ELIGIBLE FOR SERVICES PURSUANT TO SECTION 36-559
3 IS ALSO ELIGIBLE TO RECEIVE SERVICES UNDER THIS ARTICLE IF THAT PERSON IS
4 RECOMMENDED TO RECEIVE SERVICES UNDER THE INDIVIDUAL PROGRAM PLAN. A
5 PERSON SHALL ALSO MEET ANY APPLICABLE ELIGIBILITY REQUIREMENTS OR
6 GUIDELINES IN ORDER TO RECEIVE FAMILY SUPPORT SERVICES FUNDED IN WHOLE OR
7 IN PART WITH FEDERAL MONIES.
8 B. THE DIVISION SHALL REVIEW THE PLAN TO DETERMINE IF THE PERSON IS
9 ELIGIBLE FOR SERVICES AND IF MONIES ARE AVAILABLE. THIS REVIEW SHALL TAKE
10 PLACE AT THE DISTRICT LEVEL.
11 C. TO BE ELIGIBLE FOR SERVICES, A FAMILY SHALL:
12 1. EXPRESS AND DEMONSTRATE A WILLINGNESS TO KEEP THE DISABLED
13 FAMILY MEMBER AT HOME OR IN THE COMMUNITY.
14 2. AGREE TO COOPERATE WITH THE PROVIDERS OF SERVICES IN DEVELOPING,
15 IMPLEMENTING AND EVALUATING THE FAMILY SUPPORT SERVICES THAT ARE PART OF
16 THE INDIVIDUAL PROGRAM PLAN.
17 3. DEMONSTRATE A NEED FOR SERVICES.
18 4. UNDERGO AN EVALUATION BY THE DIVISION OF THE FAMILY'S FINANCIAL
19 RESOURCES INCLUDING MONIES FROM OTHER STATE AND FEDERAL PROGRAMS THAT ARE
20 AVAILABLE TO THE FAMILY.
21 5. COMPLY WITH OTHER FACTORS THE DIVISION DETERMINES ARE NECESSARY
22 FOR ELIGIBILITY.
23 D. THE INDIVIDUAL PROGRAM PLAN TEAM SHALL DETERMINE WHAT SERVICES
24 SHALL BE PROVIDED TO AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY OR A
25 FAMILY ON BEHALF OF A FAMILY MEMBER WITH A DEVELOPMENTAL DISABILITY AND
26 WHICH SHALL BE SPECIFIED IN THE PLAN ITSELF. THE CASE MANAGER SHALL
27 COORDINATE THE PLAN. THE PLAN SHALL INCLUDE THE FOLLOWING:
28 1. A FINDING OF THE FAMILY'S NEED FOR SERVICES AND AN INDICATION OF
29 THE FAMILY'S STRENGTHS AND RESOURCES THAT THE PLAN MAY SUPPLEMENT OR
30 SUPPORT TO MEET THE FAMILY'S NEEDS.
31 2. NOTICE OF THE SPECIFIC PROGRAMS, SUBSIDIES AND SERVICES FOR
32 WHICH THE FAMILY IS ELIGIBLE.
33 3. A CLEAR EXPLANATION OF THE WAY IN WHICH THE PROGRAMS, SUBSIDIES
34 AND SERVICES SHALL BE PROVIDED.
35 4. A STATEMENT OF THE SPECIFIC GOALS OF THE PLAN AND THE METHODS TO
36 BE USED TO ACHIEVE THESE GOALS.
37 5. A TIMETABLE FOR ACHIEVING GOALS.
38 6. NOTICE OF THE ANNUAL DETERMINATION OF CONTINUED ELIGIBILITY AND
39 OF REPORTABLE EVENTS THAT WILL TRIGGER AN EARLIER ELIGIBILITY
40 DETERMINATION.
41 E. TO ENSURE CONTINUED ELIGIBILITY, A FAMILY SHALL PROMPTLY REPORT
42 ANY CHANGES IN THE FAMILY, THE NEED FOR SERVICES, INCOME AND ALL OTHER
43 CIRCUMSTANCES THAT RELATE TO ELIGIBILITY.
44 F. THE INDIVIDUAL PROGRAM PLAN TEAM SHALL ANNUALLY REVIEW THE
45 ELIGIBILITY OF EACH FAMILY OR INDIVIDUAL IN THE FAMILY SUPPORT PROGRAM.
46 THIS REVIEW SHALL INCLUDE:
47 1. AN ELIGIBILITY REVIEW OF THE NEEDS OF THE FAMILY OR THE
48 INDIVIDUAL.

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6.3. Family Support Work Group Committee Structure

STEERING COMMITTEE

Ron Barber, Chairperson
Bill Allaire
Patty Alvarado
Rick Cannata
Ken Doss
Kathy Kelly
Mary Slaughter
Karen Van Epps

COMMITTEE ON RULES

Bill Allaire, Chairperson
Cindy Butler
Rick Cannata
Melinda Harger
Bob Harmon
Fred Meister
John Millard
Kim Rispoli
Deb Schrader
Resource Staff: Eileen Colleran

COMMITTEE ON BUDGET

Mary Slaughter, Chairperson
Holly Bohling
Jamey Gittings
Sheila Hill
David McCasland
Resource Staff: John Villegas-Grubbs

COMMITTEE ON FAMILY SUPPORT PLAN

Patty Alvarado, Chairperson
Julie Decker
Andy Gomm
Barbara Jones
Tyrone Peterson
Jannah Scott
Cheryl Skalsky
Resource Staff: Mary Ellen Maldonado

COMMITTEE ON ELIGIBILITY/LEGISLATION/TRAINING

Kathy Kelly, Chairperson

Julie Brown

John Corcoran

Ken Doss

Becky Hamblin

Paula Stefani

Karen Van Epps

Resource Staff: Connie Sheets

Resource Consultant: Joe Patterson, Ph.D.

6.4. Family Support Councils

A concept paper for discussion by the Family Support Work Group

Purposes for having Family Support Councils as Described by Other States

- To promote leadership by families in policy development, implementation and evaluation of family support services, and parent/professional partnerships.
- To promote and develop interagency coordination and collaboration
- To promote meaningful participation by families in all aspects of the statewide system of family support.
- To cause a systems change so that everyone (community as well as public systems) supports families.
- To create parent/professional partnerships to facilitate the development and utilization of generic community resources, networking for individuals (with developmental disabilities, other issues), outreach to more parents, and the development of friends and natural supports.
- To facilitate community memberships and presence for persons with developmental disabilities.
- To advance family empowerment in the decision-making process.
- To encourage local control of the service system by the community, family, and individuals.

Additional comments from sources in other states:

- All sources stressed that Family Support Council must have a single purpose so as to not compete with other priorities, agencies, or services, funding sources.
- Parents and professionals must have ongoing training (e.g., technical issues, political issues, systems issues, etc.).
- The Family Support Council should accept the responsibility of addressing various barriers and accessing resources wherever they may be identified (legislation, systems change, etc.).
- In provider-driven states, it is important for families to have a balance of power via Family Support Councils.

Procedures for Appointment of Members in Other States

- In most states, although the phrase "hand-picked" was used, the chief executive of the DD office would pick the membership from recommendations from local groups, governor's councils, etc. and these were "rubber stamped" by the executive.
- After the first group was established, future members are chosen by the council.
- Terms of members are staggered with no one serving more than 3 years.
- Local councils appoint members to serve on the state councils.
- Members have equal power on councils.

Existing Responsibilities, Functions, Roles, Duties, Breadth of Authoring, and Funding

- Write the family support plan
- Provide a vehicle to surface concerns or grievances as well as positive advice.
- Monitor implementation of the family support plan or services and provide feedback to local administration.
- Produce an annual report on family support activities.
- Members are volunteers but can be reimbursed for expenses and costs incurred (travel, respite, etc.).
- Adopt, review, revise the family support plan which follows the mission, values, philosophy, principles, and goals of the family support legislation.
- Assess needs, establish priorities, set goals for family support in the local region.
- Provide outreach to families to broaden involvement in Family Support and receipt of service.
- Coordinate efforts by private and public agencies which include, but are not limited to, identification of services to avoid duplication and gaps. Insure services are available for those who need them.
- Advise the area agency (e.g., district) in development of regional family support plans, monitor services provided pursuant to plan.
- Authority for review and/or approval of local funding decisions.

Composition of Family Support Councils in Other States

- Family members only on local councils in most source states.

- Family members and individuals with disabilities are members of local councils in some states.
- Three states include a majority (60% to 80%) of family members with others being community representatives, case managers, and providers.
- All sources noted that the Family Support Council had to reflect the multi-cultural and ethnic representation of the community. Families represent members with different disabilities.
- Average size of councils is 11 with range from 5 to 12.
- One state had 2 planning councils in each region because of size of region.
- At least one council for each service agency (e.g., DDD District).
- Many states have chosen to have one person fill a role as coordinator, agent, or advocate. Some states have this person at the state level in one of the DD Division's departments. Many states also have this position in each of the local councils. Some states fund the state position with a regular FTE rather than use family support funding for the position. Most councils have elected to have a coordinator at the local level with funding as part of the family support allocation or through funding from the local DD region or district. This coordinator may be housed in the state office although they are chosen by the council and may be dismissed by the council. The coordinator meets with the council on a regular basis, reports to the council, serves as community resource to help council to fulfill the mandates from the legislation, deals with emergencies, addresses one-time needs, accesses generic community resources, builds resources, enhances community presence for members with disabilities, etc.

Pros and Cons for Family Support Councils in Arizona

Pro

Pending federal legislation will make funding available for states that implement family support councils

The single focus on family unifies many constituencies. Better able to integrate currently factionalized service systems, governmental agencies, etc. Potential for stronger united voice around family support.

Increased power and leadership for systems change for whole community support rather than systems based support.

Improved outcomes for individuals and families.

Families can drive the system through choice, balance the system (prevent provider-driven or agency-driven services)

Con

Lack of clarity about the difference between Family Support Council and other family advocacy/involvement groups (e.g. advisory councils)

Potential for perceived competition, loss of special or categorical focus (e.g. DD versus all families).

There is no current statutory authorization for Family Support Councils.

There is no funding available to staff Family Support Councils

Confidentiality and conflict of interest issues will be surfaced.

Sources for this Information

- Fran Smith, HSRI Partners for Policy trainer
- New Jersey Family Support Legislation
- Marilyn Brown, Utah Family Support Coordinator
- Scott Miller, West Virginia Family Support Coordinator
- South Dakota Family Support Legislation
- Al Robeauchaud, New Hampshire Family Support Coordinator
- Val Bradley, Human Service Research Institute
- Katherine White, Oregon Family Support Coordinator
- Renee Avant, Florida Family Support Coordinator
- Colorado Family Support Coordinator
- Cery Melda, HSRI Family Support Network in Massachusetts.

Summary of Workgroup Discussion on Family Support Councils

As with many forums before, the workgroup struggled with the concept of Family Support Councils (FSC's). Most of the problem centered on finding an appropriate role for the councils in Arizona, particularly since there are many such entities already. Overall, the sense of the workgroup is troubled, since we seem to be looking for a reason to do this, rather than having this concept arise out of a natural need. There is some feeling that this need may become more apparent as time progresses.

Some things were identified as good candidates for functions that FSC's could provide:

- They could establish priorities and set goals at a local level
- They could facilitate the creation and nurturing of the natural or community based supports which should be a part of any system.
- They could provide a forum for grievances (though procedures already exist)
- They would probably become part of a support system for families in the area
- They could participate in the overall Division planning process for Family Support

There was also some feeling that if FSC's did not have some funding that they could control, they would be much less effective. A liberal reading of the bill indicates that funneling some funds for items such as the development of community supports would be possible (e.g. town A needs equipment for challenger little league; town B needs toys for a lending center). It may also be possible to use FSC's as the approval mechanism for what are now ATF funds in place of the DPM. Overall though, it was felt that most such requests should be routinely approved within established guidelines, and that the FSC would only become involved when judgment outside the guidelines was called for.

Some mechanical issues came up. One was the difficulty of starting and maintaining a large group of local organizations over time without creating a large bureaucracy. Since there is a strong desire that most of the participants be parents, it would be more difficult than maintaining the councils that have high membership from the professional and provider communities and whose time and expenses are part of the job. This is another argument for some funding being available.

Consistency of some functions was also a concern; it is important that a request that is approved in one part of the state be likely to be approved in another. One possible mechanism might be a "chartering" process, like that used by the statewide Pilot Parent organizations.

In summary, while roles can be imagined for this entity, the workgroup did not see a clear and present need for this function at this time. It did agree that the need may arise as the system "defines" itself.

6.5. Draft Rule Changes

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PROPOSED RULES

August 19, 1994

TITLE 6. ECONOMIC SECURITY
CHAPTER 6. DEPARTMENT OF ECONOMIC SECURITY
DEVELOPMENTAL DISABILITIES

ARTICLE 1. GENERAL PROVISIONS

- R6-6-101. Definitions
- R6-6-102. Rights of individuals with developmental disabilities
- R6-6-103. Confidentiality officer
- R6-6-104. Access to personally identifiable information
- R6-6-105. Consent for release of information
- R6-6-106. Violations and penalties
- R6-6-107. Least restrictive environment
- R6-6-108. Safe and humane environment

ARTICLE 2. LICENSURE OF COMMUNITY RESIDENTIAL SETTINGS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

- R6-6-201. Application process
 - R6-6-202. Inspections
 - R6-6-203. Maintenance of license
 - R6-6-204. Waiver
 - R6-6-205. Types of licenses
 - R6-6-206. Monitoring
 - R6-6-207. Denial, suspension, revocation
 - R6-6-208. Rights of clients
 - R6-6-209. Group settings and group homes
 - R6-6-210. Medications in group settings and group homes
 - R6-6-211. Safety requirements in group settings and group homes
 - R6-6-212. Adult and child developmental homes
 - R6-6-213. Responsibilities of developmental home parents
 - R6-6-214. Training requirements for developmental home parents
 - R6-6-215. Safety requirements of developmental homes
 - R6-6-216. Child developmental foster homes
 - R6-6-217. Certification of Administration for Children, Youth and Families foster homes
 - R6-6-218. Adult developmental homes
 - R6-6-219. Complaints
 - R6-6-220. Appeals
- *POSSIBLE CHANGES IN FUTURE, BASED ON PLAN ESTABLISHED.

ARTICLE 3. ELIGIBILITY FOR DEVELOPMENTAL DISABILITIES SERVICES

- R6-6-301. Eligibility for services
- R6-6-302. Guidelines for determining developmental disabilities
- R6-6-303. Family Support Services Eligibility
- R6-6-3034. Eligibility Review

ARTICLE 4. APPLICATION

- R6-6-401. Application for admission to services
- R6-6-402. Consent
- R6-6-403. Referrals from Juvenile Court
- R6-6-404. Eligibility under ALTCS

1 R6-6-405. Documentation and verification
2
3 **ARTICLE 5. ADMISSION/REDETERMINATION/TERMINATION**
4 R6-6-501. Admission
5 R6-6-502. Emergency admission to services
6 R6-6-503. Redeterminations
7 R6-6-504. Termination of services
8 R6-6-505. Continuation of services
9
10 **ARTICLE 6. PROGRAM SERVICES**
11 R6-6-601. Case management
12 R6-6-602. The Individual Service and Program Plan (ISPP) Team
13 R6-6-603. Individual Service and Program Plan (ISPP)
14 R6-6-604. Assignment to services
15 R6-6-605. Periodic evaluations
16 R6-6-606. Transfer to another service or changes in services
17 R6-6-607. Consent of the responsible person
18
19 ~~ARTICLE 7. REPEALED~~
20 **ARTICLE 7. FAMILY SUPPORT**
21 R6-6-701. Family Support Plan
22 R6-6-702. Eligibility
23 R6-6-703. Eligibility Review
24
25 ~~ARTICLE 8. RESERVED~~
26 **ARTICLE 8. Provider Certification Standards**
27
28 **ARTICLE 9. MANAGING INAPPROPRIATE BEHAVIORS**
29 R6-6-901. Applicability
30 R6-6-902. Prohibitions
31 R6-6-903. Program review committee (PRC)
32 R6-6-904. ISPP team responsibilities
33 R6-6-905. Monitoring behavior treatment plans
34 R6-6-906. Training
35 R6-6-907. Sanctions
36 R6-6-908. Emergency measures
37 R6-6-909. Behavior modifying medications
38
39 **ARTICLE 10. RESERVED**
40
41 **ARTICLE 11. REPEALED**
42
43 **ARTICLE 12. CONTRIBUTION FOR CARE**
44 R6-6-1201. Contribution towards cost of care for residential services
45 R6-6-1202. Determination of contribution amount towards the cost of
46 care for residential services from a client's parents
47 R6-6-1203. Determination of contribution amount towards the cost of
48 care for residential services from a client's spouse and/or
49 estate
50 R6-6-1204. Use of the Economic Ability Schedule
51 R6-6-1205. Determination of contribution from individual clients for
52 residential services
53 R6-6-1206. Billing
54 Appendix A Economic Ability Schedule

1
2 **ARTICLE 13. COORDINATION OF BENEFITS; THIRD PARTY LIABILITY**
3 R6-6-1301. Information required at initial application and
4 redetermination
5 R6-6-1302. Assignment of rights to benefits
6 R6-6-1303. Collections of health insurance
7 R6-6-1304. Monitoring and compliance
8 R6-6-1305. Notification of liens
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10 **ARTICLE 14. GUARDIANSHIP AND CONSERVATORSHIP**
11 R6-6-1401. Guardianship
12
13 **ARTICLE 15. REPEALED**
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15 **ARTICLE 16. ABUSE AND NEGLECT**
16 R6-6-1601. Reporting procedures
17 R6-6-1602. Investigation
18 R6-6-1603. Medical evaluation
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20 **ARTICLE 17. HUMAN RIGHTS COMMITTEES**
21 R6-6-1701. Establishment of committees
22 R6-6-1702. Membership
23 R6-6-1703. Procedure
24 R6-6-1704. Committee responsibilities
25 R6-6-1705. Staff
26 R6-6-1706. Access to records
27
28 **ARTICLE 18. ADMINISTRATIVE REVIEW**
29 R6-6-1801. Right to review: Notice
30 R6-6-1802. General procedures
31 R6-6-1803. Procedures for grievances related to licenses
32 R6-6-1804. Procedures for grievances by DD/ALTCS clients and ALTCS
33 service providers
34 R6-6-1805. Appeals and hearings
35
36 **ARTICLE 19. REPEALED**
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38 **ARTICLE 20. APPEALS AND HEARINGS**
39 R6-6-2001. Right to appeal
40 R6-6-2002. Filing an appeal
41 R6-6-2003. Service on parties
42 R6-6-2004. Time
43 R6-6-2005. Representation of parties
44 R6-6-2006. Continuation of services
45 R6-6-2007. Scheduling and notice of hearing
46 R6-6-2008. Change of hearing officer
47 R6-6-2009. Failure of a party to appear
48 R6-6-2010. Prehearing summary
49 R6-6-2011. Subpoena of witnesses and documents
50 R6-6-2012. Conduct of hearing
51 R6-6-2013. Hearing decision
52 R6-6-2014. Termination of appeal
53 R6-6-2015. Review by the Appeals Board
54 R6-6-2016. Review by AHCCCS of ALTCS-related matters

ARTICLE 1. GENERAL PROVISIONS

R6-6-101 Definitions

In addition to the definitions found in A.R.S. §36-551, the following definitions apply to this Chapter.

- 1. No change
- 2. No change
- 3. No change
- 4. No change
- 5. No change
- 6. No change
- 7. No change
- 8. No change
- 9. No change
- 10. No change
- 11. No change
- 12. No change

~~13. "Assistant Director" means the Assistant Director, Division of Developmental Disabilities, Department of Economic Security.~~

- 14. No change
- 15. No change
- 16. No change
- 17. No change
- 18. No change
- 19. No change

19. "Developmental Disabilities Advisory Council" or "DDAC" means the council formed pursuant to A.R.S. §36-553.

~~20. "District" means the Division's administration in each of the Department's six planning districts established pursuant to A.R.S. §41-1961.~~

- ~~21. No change~~
- ~~22. No change~~
- ~~23. No change~~

~~24. "Family support" means programs and services designed to maintain family or household units, prevent out of home placements and promote the return to the home of an individual with a developmental disability.~~

- 25. No change
- 26. No change
- 27. No change
- 28. No change
- 29. No change
- 30. No change
- 31. No change
- 32. No change
- 33. No change
- 34. No change
- 35. No change
- 36. No change

1 375. "Individual service and program plan team" or "ISPP team" means a
2 group of persons as defined in A.R.S. §36-596.51 who are
3 assembled by the Division and coordinated by the client's case
4 manager--in--compliance--with--A.R.S.--§36-551--and--§36-560,--to
5 develop an ISPP for each client. The responsibilities of the
6 ISPP team to develop an ISPP for each client incorporates and
7 replaces the responsibilities of the placement evaluation team
8 as outlined in A.R.S. §36-560 and of the IPP Team as outlined in
9 A.R.S. §36.596.56.

10 386. No change
11 397. No change
12 4038.No change
13 4139.No change
14 40. "Local planning group" means a group of people identified by
15 common interest or locale.

16 421. No change
17 432. No change
18 443. No change
19 454. No change
20 465. No change
21 476. No change
22 487. No change
23 498. No change
24 5049.No change
25 510. No change
26 521. No change
27 532. No change
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34 6059.No change
35 610. No change
36 621. No change
37 632. No change
38 643. No change
39 654. No change
40 665. No change

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42 R6-6-102. Rights of individuals with developmental disabilities.
43 No change
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45 R6-6-103. Confidentiality officer
46 No change
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48 R6-6-104. Access to personally identifiable information
49 No change
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51 R6-6-105. Consent for release of information
52 A. Consent for the release of personally identifiable information
53 shall be:

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1. Obtained from the client or responsible person in writing and dated;
 2. Maintained in the main record.
- B. Consents for Rrelease of information obtained during intake shall expire within 90 days.
- C. Subsequent consents shall be obtained as needed and shall be valid for a period of up to but not more than six months from the date of execution.

R6-6-106. Violations and penalties
No change

R6-6-107. Least restrictive environment
No change

R6-6-108. Safe and humane environment
No change

ARTICLE 2. LICENSURE OF COMMUNITY RESIDENTIAL SETTINGS FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES

No change until filed with the Secretary of State

ARTICLE 3. ELIGIBILITY FOR DEVELOPMENTAL DISABILITIES SERVICES

R6-6-301. Eligibility for services
No change

R6-6-302. Guidelines for determining developmental disabilities
No change

R6-6-303. Family Support Services Eligibility
In addition to eligibility criteria established in A.R.S. §36-596.56, clients who are participating with their families in a family support plan must meet the eligibility criteria established in R6-6-703.

R6-6-3034. Eligibility Review

A. Determinations of eligibility are subject to review at any time by the Assistant Director or designee.

B. The eligibility of each family or individual in the family support program shall be annually reviewed by the ISPP team pursuant to A.R.S. §36-596.56.

ARTICLE 4. APPLICATION

No change

ARTICLE 5. ADMISSION/REDETERMINATION/TERMINATION

No change

ARTICLE 6. PROGRAM SERVICES

R6-6-601. Case management

1 No change

2
3 **R6-6-602. The ISPP Team**

4 **A. The ISPP team shall be an interdisciplinary team whose members**
5 **work together to develop the ISPP for the client or the family of**
6 **the client.**

7 **1. The ISPP team shall include the client, the responsible**
8 **person if other than the client, the case manager,**
9 **representatives of each service provider, and any additional**
10 **persons necessary to develop a complete and effective plan**
11 **and approved by the responsible person.**

12 **2. Unless otherwise indicated by the responsible person, the**
13 **case manager shall serve as ISPP team facilitator and**
14 **coordinator.**

15 **B. The ISPP team shall meet:**

16 **1. Within 30 days following determination of a client's**
17 **eligibility to conduct an evaluation to determine the**
18 **appropriate services for the client and develop an initial**
19 **ISPP based on the evaluation;**

20 **2. Within 30 days following a client's assignment to a program**
21 **or service to review and modify the client's initial ISPP,**
22 **unless waived by the Assistant Director or designee;**

23 **3. As recommended by the case manager during periodic reviews**
24 **pursuant to A.A.C. R6-6-604 and;**

25 **a. When there is a significant change in the client's**
26 **circumstances;**

27 **b. Whenever there is a major service provider change, or**
28 **prior to any transfer from a residential setting; or**

29 **c. Whenever an emergency measure is used to manage a**
30 **behavior two or more times in a 30 day period pursuant**
31 **to A.A.C. R6-6-908.**

32 **4. At least annually.**

33 **D. In the case of a DD/ALTCS client, the ISPP team shall ensure that**
34 **the client obtains medically necessary services and other**
35 **necessary medically related remedial and social services.**

36 **E. In developing a behavior treatment plan, The ISPP team shall work**
37 **with the Program Review Committee (PRC) and Human Rights**
38 **Committees (HRC) pursuant to A.A.C. R6-6-903, 904 and 905.**

39 **F. If the family is eligible to participate under family support, the**
40 **ISPP team shall develop a plan pursuant to A.R.S. §36-596.56.D.**
41 **and A.A.C. Title 6, Chapter 6, Article 7.**

42 **R6-6-603. Individual Service and Program Plan (ISPP)**

43 **~~A. Within 30 days following determination of eligibility, the ISPP~~**
44 **~~team shall conduct an evaluation to determine the appropriate~~**
45 **~~services for the client and shall develop an ISPP based on the~~**
46 **~~evaluation.~~**

47 **B. The ISPP team shall recommend specific services be based upon:**

48 **1. The best interests of the client and factors listed in**
49 **A.R.S. §36-560(H);**

50 **~~*2. The potential for family support; and~~**

51 **2. The extent to which the services:**

52 **ga. Can be provided in the least obtrusive manner;**

- 1 hb. Provide uninterrupted and orderly transition from one
- 2 stage of development to another based upon client and
- 3 family ages;
- 4 ig. Alleviate abuse or neglect or eliminate conditions
- 5 that hinder the client's development;
- 6 jd. Prevent the client from being a danger to himself or
- 7 to others; and
- 8 ke. Support a client or family who is experiencing a
- 9 temporary but remedial crisis including
- 10 hospitalization, loss of a job, incapacitating
- 11 illness, or death.

12 3. Identified family support needs pursuant to A.R.S. §36-

13 596.52 and A.A.C. Title 6, Chapter 6, Article 7 and the

14 extent to which the services:

15 ~~3. The extent to which the services:~~

- 16 a. Promote family competence and independence;
- 17 b. Preserve the integrity of the family;
- 18 c. Maximize the client's independent living;
- 19 d. Involve the family in problem-solving and decision
- 20 making;
- 21 e. Meet the needs and desires of the family; and
- 22 f. Prevent the deterioration of the family structure and
- 23 functioning and improve the quality of life for the
- 24 client and family;

25 ~~4. In the case of a DD/ALTCS client, the ISPP team shall ensure~~

26 ~~that the client obtaining medically necessary and other~~

27 ~~necessary medically-related remedial and social services.~~

28 C. The ISPP shall contain an assessment addressing each consideration

29 listed in A.A.C. R6-6-603(B) and:

- 30 1. The service needs of the client, both direct and indirect,
- 31 irrespective of the Division's resource availability;
- 32 2. Individual habilitation goals and objectives, both long-term
- 33 and short-term;
- 34 3. Methods or strategies by which objectives shall be
- 35 implemented;
- 36 4. The financial contributions, if any, which the Department
- 37 shall require the responsible person to make on behalf of
- 38 the client pursuant to A.R.S. §36-562 et seq. and A.A.C. R6-
- 39 6-1201 et seq.; and
- 40 5. Any special considerations.

41 D. The ISPP shall be reviewed by the case manager at least every six

42 months and by the ISPP team at least annually.

43

44 R6-6-603. Assignment to services

45 No change

46

47 R6-6-604. Periodic Evaluations

48 No change

49

50 R6-6-605. Transfer to another service or changes in service.

51 No change

52

53 R6-6-606. Consent of the responsible person.

54 No change

1
2 ~~ARTICLE 7. REPEALED~~

3
4 (Article 7 is being used by licensing—they will repeal Article 2 so we
5 will probably use that.)

6 ARTICLE 7. FAMILY SUPPORT

7
8 R6-6-701. Family Support Plan

9
10 As required by A.R.S. §36-596.2, the division shall develop a family
11 support plan which includes:

12 A. a needs assessment from information collected by local
13 planning groups which prioritizes needs and establishes goals;

14 B. coordination of family support services at three levels,
15 statewide, local and individual;

16 1. Statewide, the division shall identify service
17 agreements between state agencies, tribal agencies and local
18 governments that affect the family support plan. The
19 division shall coordinate both new and existing services
20 among the identified agencies.

21 2. Locally, the local planning groups shall identify both
22 local service agreements and needed family support among
23 community and local government agencies that affect service
24 delivery.

25 3. Individually, the ISPP teams shall provide
26 coordination of individual services. Each ISPP team may
27 provide recommendations to their local planning group.

28 C. comprehensive services, resources and programs for families
29 based on information from families and local planning groups; and

30 D. the opportunity for review and comment on the family support
31 plan and services. The division shall provide a meaningful
32 opportunity for local planning groups to review and comment on the
33 family support plan and services.

34
35 R6-6-702. Evaluation

36
37 A. The division shall produce an annual report evaluating the family
38 support program. The report shall include all the requirements of
39 A.R.S. §36-596.52(H) and:

40 1. reports submitted from local planning groups;

41 2. recommendations for improving service delivery and providing
42 coordination among various agencies; and

43 3. activities required by Article 7.

44 B. The Developmental Disabilities Advisory Council shall review the
45 annual report of the division and provide comments and recommendations
46 to be included with the submittal of the report to the Governor,
47 Speaker of the House and President of the Senate.

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49
50 R6-6-703. Eligibility

51
52 A. In order to be eligible for family support services, the family of
53 the client shall:

54 1. Participate in the development of and approve an ISPP that:

- 1 a. Specifies that the client will live in the family home
2 or in the community; and
3 b. Includes an ISPP team agreement wherein the family
4 agrees to assist with the development, implementation,
5 and evaluation of family support services pursuant to
6 A.R.S. §36-596.56 (C);
7 2. Provide information necessary for the Division to conduct an
8 evaluation of financial and other resources as prescribed by
9 the Division; and
10 3. Comply with other requirements as prescribed by the
11 Division.
12 B. The family shall report any changes in the composition of the
13 household, the need for services, the family income, and other
14 circumstances that relate to eligibility under this article to the
15 case manager within 30 days of such change.

16
17 **R6-6-704. Eligibility Review**

- 18 A. To continue eligibility under family support, the family shall
19 comply with the requirements of eligibility pursuant to A.A.C. R6-
20 6-703.
21 B. As part of the annual review of the ISPP, the ISPP team shall:
22 1. Review the family's continuing eligibility for family
23 support service;
24 2. Review with the family the outcomes of family support
25 assistance during the prior year; and
26 3. Review with the family the needs and goals of the client as
27 related to the assistance available through family support.
28 C. The ISPP team shall make determination regarding the family's
29 continued participation under family support.
30 D. If the family disagrees with the determination, they have the
31 right to request an administrative review pursuant to Article 18
32 of this chapter.

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36 **ARTICLE 8. RESERVED**

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39 **ARTICLE 9. MANAGING INAPPROPRIATE BEHAVIORS**

40 No change

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42 **ARTICLE 10. RESERVED**

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45 **ARTICLE 11. REPEALED**

46
47 **ARTICLE 12. CONTRIBUTION FOR CARE**

48 No change

49
50 **ARTICLE 13. COORDINATION OF BENEFITS;**
51 **THIRD PARTY PAYMENTS**

52
53 **R6-6-1301. Information required at initial application and**
54 **redetermination**

1 During the initial application process and at each redetermination for
2 eligibility, the applicant or responsible person shall provide the
3 Division with information on all health insurance which covers, or is
4 available to cover, the person to receive services including, but not
5 limited to, the name of the policy holder, the policy holder's
6 relationship to the person to receive services, social security number
7 of the policy holder, the name, phone number, and address of the
8 insurer, the policy number, and extent of insurance coverage.
9

10 **R6-6-1302. Assignment of rights to benefits**

- 11 A. As a condition of eligibility, each applicant shall assign to the
12 Division rights to health insurance payments applicable to the
13 person to receive services and agree to cooperate with the
14 Division in obtaining medical support and insurance payments
15 pursuant to A.R.S. §36-596 and §36-596.54.
16 B. If the responsible person refuses to assign health insurance
17 benefits to the Division, the Division shall deny or terminate
18 eligibility for the client.
19 C. If the policy holder is someone other than the responsible person
20 and refuses to cooperate with the requirements of this Article,
21 the Division may deny or terminate eligibility for the client.
22

23 **R6-6-1303. Collections of health insurance**

24 No change
25

26 **R6-6-1304. Monitoring and compliance**

27 No change
28

29 **R6-6-1305. Notification of Liens**

30 No change
31

32 **ARTICLE 14 GUARDIANSHIP AND CONSERVATORSHIP**
33

34 No change
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36 **ARTICLE 15. REPEALED**
37

38 **ARTICLE 16. ABUSE AND NEGLECT**
39

40 No change
41

42 **ARTICLE 17. HUMAN RIGHTS COMMITTEES**
43

44 No change
45

46 **ARTICLE 18. ADMINISTRATIVE REVIEW**
47

48 **R6-6-1801. Right to review: Notice**

- 49 A. An Administrative Review shall be available to any person
50 aggrieved by a decision of the Department. An Administrative
51 Review is preliminary to those rights set forth in A.A.C. R6-6-
52 2001 et seq.
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- B. The Department shall give written notice to persons served directly or indirectly by the Department informing them of the right to an Administrative Review in any decision by a District Program Manager relating to:
 - 1. Eligibility, admission, placement evaluation and assignment to services.
 - 2. Eligibility under Family Support
 - 3. Care and treatment, transfer or substantial change in services.
 - 4. Termination of, or discharge from, a service.
 - 5. Fee for service.
- C. Grievances related to decisions by the program contractor for licenses or involving DD/ALTCS clients and ALTCS service providers are separately addressed in A.A.C. R6-6-1803 and R6-6-1804 respectively.
- D. Written notice shall be in English and, when appropriate and reasonably possible to do so, in the primary language of the grievant. When the primary language is not a written language, such notice shall be provided in the language spoken or mode of communication used by the grievant.

R6-6-1802. General procedures
No change

R6-6-1803. Procedures for grievances related to licenses
No change

R6-6-1804. Procedures for grievances by DD/ALTCS and ALTCS providers
No change

R6-6-1805. Appeals and hearings
No change

ARTICLE 19. REPEALED

ARTICLE 20. APPEALS AND HEARINGS

No changepp