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ABSTRACT

This report is part of a series prepared for planning and developing a comprehensive, coordinated service delivery system for Arizona infants and toddlers who are developmentally delayed or at risk of developing handicapping conditions, and their families. It identifies Arizona agencies designated to respond to the special needs of young children and their families. State-level agencies and programs included are the Department of Economic Security, Department of Health Services, Department of Insurance, Health Care Cost Containment System, State Board of Education, State School for the Deaf and Blind, Office of the Governor, Council for the Hearing Impaired, Center for Law in the Public Interest, and Head Start. The United States Social Security Administration is also described. The content for each agency consists of: mission statement, administrative structure, eligibility requirements, services offered, interagency coordination efforts, federal and state laws and regulations governing the agency, source of programmatic funding, and advisory councils. A section of recommendations outlines implications of the policy analysis for implementing early intervention services. A 49-item reference list, a list of federal and Arizona laws, and the text of Part H, Section 672, of Public Law 99-457 conclude the document. (JDD)

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BIRTH TO 3

PLANNING FOR ARIZONA'S FUTURE

*Assessing the needs of infants and toddlers who are
developmentally delayed or at risk of developing handicapping
conditions and their families*

PART I

UNDERSTANDING ARIZONA'S AGENCIES

ARIZONA INTERAGENCY
COORDINATING COUNCIL



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Early Childhood Planning Project

Assessing the needs of infants and toddlers
who are developmentally delayed or
at risk of developing handicapping conditions
and their families

Part I

UNDERSTANDING ARIZONA'S AGENCIES

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May 15, 1989

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INTERAGENCY COORDINATING COUNCIL FOR INFANTS & TODDLERS

Building a strong early intervention system in accordance with Public Law 99-457

Rose Mofford
Governor

William P. Allaire
Council Chair

Marlene J. Morgan
Executive Director

May 15, 1989

Dear Reader:

The Interagency Coordinating Council for Infants and Toddlers is pleased to present, "Understanding Arizona's Agencies". This is the first in a series of publications which will provide information on the status of early childhood intervention programs in Arizona.

The report will assist the Council in planning and developing comprehensive, multidisciplinary, coordinated services for very young children, ages birth to three with or at-risk of handicapping conditions and their families. Furthermore, this is in accordance with requirements set forth in Part H of Public Law 99-457, Education of the Handicapped Act Amendments of 1986.

Analyzing the policies of state agencies is essential in order to understand and identify major issues, as well as make meaningful decisions regarding the development of a service system which is respective of and responsive to the needs of young children and families.

Sincere appreciation is expressed to those agencies highlighted in this report. Through their cooperation, invaluable information was obtained which will serve as the impetus for formulating optimal early childhood intervention policies.

Sincerely,

Bill Allaire

Bill Allaire
Chairperson

Marlene Morgan

Marlene Morgan
Executive Director

TABLE OF CONTENTS

Letter of Introduction	i
Preface	iv
Acknowledgements	v
Introduction	1
 I. Arizona Department of Economic Security (DES)	
Organizational Chart	5
Summary Matrix of Services	6
Introduction	7
Addresses :	8
Division of Developmental Disabilities	9
Division of Employment and Rehabilitation Services ..	29
Division of Family Support	45
Division of Social Services	71
 II. Arizona Department of Health Services (DHS)	
Organizational Chart	99
Summary Matrix of Services	100
Introduction	101
Addresses	102
Division of Behavioral Health	103
Division of Disease Prevention Services	109
Division of Emergency Medical Services and	119
Health Care Facilities	
Division of Family Health Services	129
 III. Arizona Department of Insurance	
Organizational Chart	169
Summary Matrix of Services	170
Introduction	171
Address	172
Description	173
 IV. Arizona Health Care Cost Containment System (AHCCCS)	
Organizational Chart	181
Summary Matrix of Services	182
Introduction	183
Address	184
Description	185

V.	Arizona State Board of Education	
	Organizational Chart	201
	Summary Matrix of Services	202
	Introduction	203
	Addresses	204
	State Board of Education	205
	Special Education Section	217
VI.	Arizona State School for the Deaf and Blind (ASDB)	
	Organizational Chart	235
	Summary Matrix of Services	236
	Introduction	237
	Address	238
	Description	239
VII.	Office of the Governor	
	Organizational Chart	247
	Summary Matrix of Services	248
	Introduction	249
	Addresses	250
	Governor's Office For Children	251
	Governor's Council on Developmental Disabilities	259
VIII.	Social Security Administration	
	Organizational Chart	269
	Summary Matrix of Services	270
	Introduction	271
	Address	272
	Description	273
IV.	Other	
	Organizational Charts	283
	Summary Matrix of Services	286
	Introduction	287
	Addresses	288
	Arizona Council for the Hearing Impaired	289
	Arizona Center for Law in the Public Interest	297
	Head Start	305
X.	Summary and Recommendations	317
	Reference List	341
	Appendix (P.L.99-457, Part H)	351

PREFACE

This report is Part I of a series of three publications prepared for the Arizona Interagency Coordinating Council to assist in the planning and development of a comprehensive, coordinated service delivery system for infants and toddlers who are developmentally delayed or at risk of developing handicapping conditions and their families.

The publication series consists of the following three reports: (1) **Understanding Arizona's Agencies**; (2) **Discovering Who Will Be Served**; and (3) **Arizona's Parents Speak Out**.

Understanding Arizona's Agencies, Part I, is a report identifying the key agencies in the State of Arizona who have been designated by the Arizona legislature and U.S. Congress to respond in a variety of ways to the special needs of young children and their families. The purpose of the report is to provide policy-makers, service providers, and parents with a summary description of the legislated programs in the State of Arizona that have been mandated by federal and state laws, and interpreted at the policy and implementation level within the respective agencies. A description of each agencies' mission, eligibility requirements, and services is provided.

Discovering Who Will Be Served, Part II, is a report on the number of children in the State of Arizona in need of special services, based on the prevalence and incidence of certain characteristics in the population and an interpretation of the broad definition of who needs early intervention provided in P.L. 99-457. Three distinct groups are considered: (1) children who are experiencing developmental delays; (2) children who have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay, and (3) children who are at risk of having substantial developmental delays if early intervention services are not provided. The report provides numerical projections of the size of the target population through the year 2,000, and graphic displays of the geographic and ethnic distribution of the target population across Arizona.

Arizona's Parents Speak Out, Part III, reports on the needs of Arizona's families as identified by the parents and caregivers of young infants and toddlers who are developmentally delayed or at risk of developing handicapping conditions. A statewide, representative sample of 600 parents served by Arizona's key agencies were surveyed in face-to-face interviews with trained interviewers. Respondents were asked questions related to the nature and type of services they were receiving, their satisfaction with the services, their need for other services, financial needs, information needs, and emotional support needs. The report summarizes their responses, as well as identifies unique needs as represented by different ethnic groups and rural vs. urban residency.

ACKNOWLEDGEMENTS

The authors wish to express appreciation to the following persons for their assistance in completing this study:

To Marlene Morgan, who as the Executive Director of the Arizona Interagency Coordinating Council and our Contract Manager, provided unwavering support, enthusiasm, and commitment to this policy analysis and its potential for influencing positive change for young children and their families.

To Mary Slaughter, Chairperson of the ICC Problem Identification and Definition Subcommittee monitoring the implementation and completion of this report, for her commitment to obtaining information on the families and children for whom this report is intended to help.

To all the members of the ICC, for their commitment to substantive and quality investigations that result in information for the future, as well as for immediate, short-term solutions.

To all the agency personnel, representing the agencies included in this report and too numerous to recognize individually, who gave of their time to assist us in securing the necessary documents for analysis, answered questions, and reviewed the final report for accuracy; it is only through this spirit of cooperativeness and involvement that the "comprehensive, coordinated" system articulated in P.L. 99-457, Part H, will begin to be realized.

To Diane Lenz and Bob Horn, who as members of our research team, assisted in the collection of information for analysis; to Bob Horn and Marci Gerlach for the creation and development of our cover page.

To Cindy Trojaniak and Rose Hilgedick, for their exceptional patience and skills in preparing this report for publication; to them we owe the inclusion of well-organized, easy-to-read graphics and narrative material.

INTRODUCTION

Part I, *Understanding Arizona's Agencies*, is a report about the key agencies in the state of Arizona who have been designated the responsibility by the Arizona state legislature and U.S. Congress to respond in a variety of ways to the special needs of young children and their families. The purpose of this report is to provide policy-makers, service providers, and parents with a summary description of the legislated services in the State of Arizona that have been mandated by federal and state laws, and interpreted at the policy and implementation level within the respective agencies.

The selection of agencies for inclusion in this report was determined by the guiding focus on the needs of infants and toddlers who are developmentally delayed or at risk of developing a handicapping condition and their families. The needs of this target group range from medical, nutritional, instructional, psycho-social, and therapeutic, to financial, advocacy and protection, respite care, informal support, and job training.

No less than 42 discrete service needs have been identified and delineated in a *Summary Matrix of Services by Agency*, which can be found on the divider page for each major agency. The human service needs of families with children who have special needs is complex and complicated. The responsibility for addressing these needs does not lie within any single agency, but consists of an intricate web across agencies.

State and federal laws provide the basic framework within which regulations and policies take shape, eventually leading to the delivery of the designated services. Six (6) major State agencies, 1 federal agency and 1 federal program, the Governor's Office, and 2 independent entities were identified for inclusion in this report. The divider tabs indicate the names of the selected cabinet-level agencies.

The content of the analysis for each selected agency consists of the following: (1) mission statement, (2) administrative structure, (3) eligibility requirements, (4) description of the services offered, (5) interagency coordination efforts, (6) federal and state laws and regulations governing the agency, (7) source of programmatic funding, and (8) advisory councils.

The analysis and narrative accompanying each targeted agency report focused specifically upon the information from the agency that was relevant to the target population for this analysis, that is, infants and toddlers who are developmentally delayed or at risk of developing a handicapping condition and their families. Therefore, it is important to note that the descriptions provided in this report do not necessarily reflect all the services provided by a particular agency. This report should not be interpreted to mean that the narrative provided describes everything the agency does. The narrative focuses just on the population of interest to the Arizona Interagency Coordinating Council.

Methodology

The methodology consisted of the following steps: (1) identifying and securing the source of information, (2) abstracting information into the report format, (3) validating the information, and (4) summarizing the findings.

Source of information

Based upon the diverse and variable needs of the target group for whom this analysis was conducted, the agencies included in this report were identified. Members of the Arizona Interagency Coordinating Council and agency administrative personnel assisted in identifying a contact person within each of the agencies to assist project staff with compiling the necessary documents for analysis. Contact with the agency was conducted either in person or by telephone. Agency representatives were requested to identify key agency documents that could be used to conduct the analysis. These documents consisted of State plans for the agency, public information materials, federal grant applications, annual reports, etc.

Abstracting the information

Documents were then reviewed by the project staff and relevant information was identified and abstracted into report format. Additional information was requested when necessary to complete the analysis. The following format is used to report the information on each agency.

Organizational Chart. An organizational chart was secured from each agency and prepared for inclusion in the report. The organizational charts indicate the administrative line of authority within each agency, as well as provide a visual graphic of the scope of each agency's programmatic responsibilities.

Summary Matrix of Services by Agency. A summary matrix of each agency was prepared by analyzing the abstracted material about the agency and identifying the specific services the agency reported providing or statutory laws and regulations indicate they are mandated to provide.

This report is not an analysis of what services the agencies are actually providing, and the extent of that service delivery statewide. It is a report on the statutory and policy-level requirements for service delivery.

It is also important to note that the receipt of many of the services within each matrix is subject to agency and program eligibility requirements which are discussed within each agency narrative section.

Agency Narrative Description. The report for each agency is preceded by a brief description of the parent agency and a Table of Contents. The Table of Contents indicates the Offices and Divisions within each of the Departments that were included in the report. An address is provided for each department, office, or division included in the report.

Validating the information

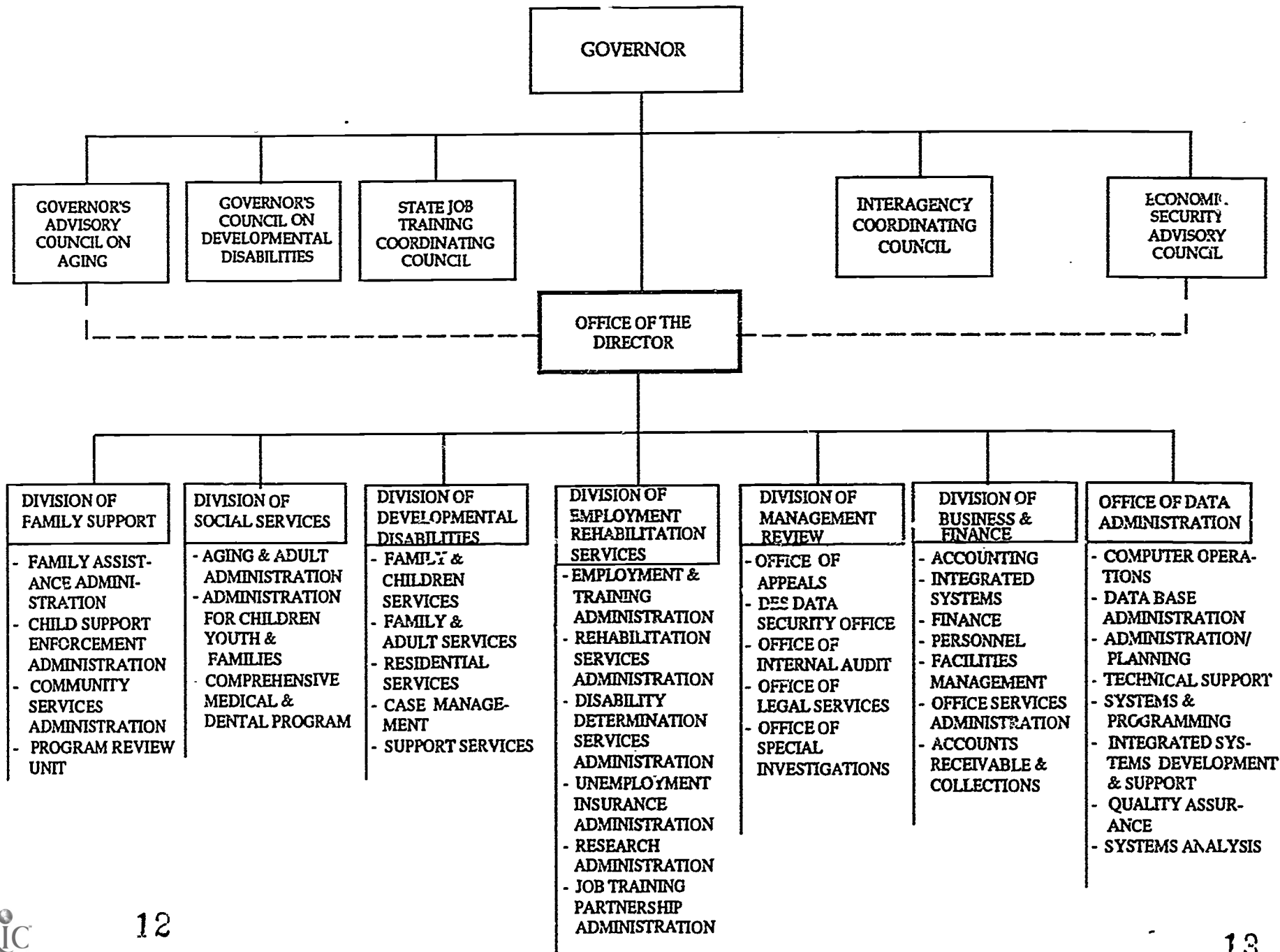
Each agency representative and/or their designee was given the opportunity to review the analysis for accuracy and to make comments on the material that was abstracted and described within the report format. Agency responses were then reviewed and accurate information was incorporated into each analysis. The information contained in this report, therefore, reflects current and accurate information about each of the agencies to the best knowledge of the authors.

Summary and Recommendations

The last section of this report consists of a summary of issues across the agencies analyzed in this report as it relates to the goals and mission of the Arizona Interagency Coordinating Council, as governed by P.L. 99-457, Part H. Recommendations are made regarding legislative, regulatory and policy changes that could be supported to increase the coordinated, interagency delivery of services in Arizona.

The goal of a policy analysis such as the one that has been conducted should be to increase the availability and accessibility of needed services for infants and toddlers who are developmentally delayed or at risk of developing a handicapping condition and their families, while at the same time maximizing the cost effectiveness and efficiency with which these services are delivered.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY



SUMMARY MATRIX OF SERVICES BY AGENCY

Department of
Economic Security

TYPES OF SERVICES

Adoption					*								
Advocacy	*				*	*	*	*				*	
Assessment/Evaluation	*							*				*	
Audiological Services												*	
Case Management	*					*		*				*	
Child Find/Identification	*												
Crisis Intervention					*								
Day Care	*												
Dental Services												*	
Employment Assistance						*	*						
Family Planning						*							
Family Therapy/Counseling	*					*		*					
Financial Assistance	*						*	*					
Foster Care	*							*					
Genetic Counseling													
Home-Based Intervention	*												
Home Health Care												*	
Homemaker Services	*												
Legal Services/Action					*	*		*					
Licensing/Regulation													
Medical Services												*	
Nutritional Services												*	
Occupational Therapy	*											*	
Parent/Adult Education	*							*					
Parent Support Groups	*												
Physical Therapy	*											*	
Preschool (3-5)	*												
Prevention Services								*					
Protective Services								*					
Psychiatric/Psychological Services								*				*	
Public Awareness	*							*					
Referral	*				*	*	*	*				*	
Residential Programs (0-3)													
Respite Care	*												
Screening												*	
Special Equipment	*											*	
Speech/Language Therapy	*											*	
Sibling Support Groups													
Transition Services	*							*					
Transportation	*							*				*	
Vision Testing/Services													

*Services provided by the Long-Term Care Program are summarized under AHCCCS.

Information on these administrations is not summarized here because they provide no direct services to children.

DEPARTMENT OF ECONOMIC SECURITY

The Department of Economic Security has a mission to provide opportunities, services, and programs through an integrated delivery system to Arizonans with economic or social difficulties which will enable them to maintain or move toward self-sufficiency. The Department of Economic Security is organized into six major Divisions. The organizational structure of each Division is divided into Administrations which represent major programmatic responsibilities.

The programs within each Division selected for review are those that have a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This review does not necessarily include all of the program activities offered by the Department of Economic Security.

TABLE OF CONTENTS

Division of Developmental Disabilities

Eligibility	12
Services	13

Division of Employment & Rehabilitation Services

Job Training Partnership Administration	
Eligibility	31
Services	32
Rehabilitation Services Administration	
Eligibility	37
Services	38

Division of Family Support

Child Support Enforcement Administration	
Eligibility	47
Services	48
Community Services Administration	
Services	53
Family Assistance Administration	
Eligibility	59
Services	62

Division of Social Services

Administration For Children, Youth and Families	
Eligibility	75
Services	75
Aging and Adult Administration	
Eligibility	85
Program Description	86
Comprehensive Medical/Dental Program	
Eligibility	92
Services	92

ADDRESSES

Department of Economic Security
1717 W. Jefferson
Phoenix, AZ 85007
602-542-4791

Division of Developmental Disabilities
1841 W. Buchanan
Phoenix, AZ
602-542-5775

Division of Employment &
Rehabilitation Services
Job Training Partnership Administration
P.O. Box 6123, Site Code 920Z
Phoenix, AZ 85005
602-542-3957

Rehabilitation Services Administration
1300 W. Washington
Phoenix, AZ 85007
602-542-6286

Division of Family Support
Child Support Enforcement Administration
P.O. Box 23850
Phoenix, AZ 85063
1-800-543-7383

Community Services Administration
1140 E. Washington
Phoenix, AZ 85034
1-800-352-4088

Family Assistance Administration
1400 W. Washington
Phoenix, AZ 85007
602-542-5137

Division of Social Services
Administration for Children, Youth
and Families
P.O. Box 6123
Phoenix, AZ 85005
602-542-3981

Aging and Adult Administration
1400 W. Washington
Phoenix, AZ 85007
602-542-4446

Comprehensive Medical/Dental
Program
P.O. Box 6123, Site Code 942C
Phoenix, AZ 85005
602-542-3867

DIVISION OF DEVELOPMENTAL DISABILITIES

DIVISION OF DEVELOPMENTAL DISABILITIES

MISSION

The Division of Developmental Disabilities provides a variety of programs and services to children and adults who are developmentally disabled throughout the state of Arizona through institutional and community-based programs.

Goals

1. *To promote early identification of developmental disabilities and to develop and promote services to families of young children in order to decrease the impact of the disability and increase independence in later years;*
2. *To insure the health, safety, and welfare of persons enrolled in Division of Developmental Disabilities services;*
3. *To provide specialized services where needed and to promote generic services for special populations;*
4. *To develop and implement a continuum of day, residential, and support services which meet the needs of individuals placed in Division of Developmental Disabilities residential settings;*
5. *To increase organizational productivity and to insure that the service delivery system is operating as efficiently and effectively as possible; and*
6. *To insure that the needs of eligible individuals are determined, that access to available services is facilitated, and that individual progress toward service objectives is monitored.*

STRUCTURE

The Arizona Division of Developmental Disabilities (DDD) is located within the Department of Economic Security. An Assistant Director oversees the programs and activities of the Division. The Director of the Department of Economic Security has ultimate authority over the Division of Developmental Disabilities. Services within the Division of Developmental Disabilities are organized into five categories: (1) child services, (2) support services, (3) assistance to families, (4) foster care, (5) adult services, and (6) long-term care.

ELIGIBILITY

The Division of Developmental Disabilities has specific state-mandated eligibility criteria that must be met before an individual may receive Developmental Disabilities services. The final determination of eligibility is the decision of the Division of Developmental Disabilities. To receive services an individual is required to be a bona-fide resident of Arizona and must meet the Developmental Disabilities definition in accordance with A.R.S. Section 36-551. There are specific eligibility criteria for infants and children. The infant and children's eligibility criteria is broken down into two age brackets: (1) 0-18 months, and (2) 19 months to school age. These two categories of eligibility are discussed below. Eligibility for infants is determined exclusive of cultural or environmental factors.

0-36 months

These children are eligible for Developmental Disabilities services if there is a risk that the infant may become developmentally disabled based on a significant delay in one or more areas of development or if there is a likelihood that without services he/she will become developmentally disabled.

36 months to school age

These children are eligible if there is a significant delay in one or more areas of development and there is a likelihood that without services he/she will become developmentally disabled as defined in A.R.S. 36-551 and within the guidelines stated in R6-6-301 et seq.

Determination of a significant developmental delay is made by a person trained in early childhood development who evaluates the infant through the use of culturally appropriate and professionally recognized assessment tools, or by a physician. Intake workers review documents from referring physicians and early childhood development specialists to determine eligibility. An infant's eligibility must be redetermined at 36 months and at school age.

Any individual or their legal guardian may apply for Developmental Disabilities services and has the right to a determination of eligibility. The individual or their legal guardian must apply for services by completing and submitting a DES/DDD application for services. Upon initial contact with the Division, an individual or their legal guardian will be informed in writing of his/her rights regarding eligibility. The Division must notify the individual or their legal guardian of eligibility status within 10 days after the receipt of all records necessary to determine eligibility for services. An applicant who has not submitted required information within 30 days following written notice of such deficiencies may have his/her application denied.

SERVICES

As stated earlier, the Division's services and programs are organized into five areas: (1) child services, (2) support services, (3) assistance to families, (4) foster care, and (5) adult services. These services are provided to individuals who are cared for at home and individuals who may be enrolled in the Division of Developmental Disabilities' residential or day services. A case manager is assigned to each individual found to be eligible for Division of Developmental Disabilities services. The case manager is responsible for developing an Individual Program Plan (IPP) for each client assigned to him or her and for coordinating the services in such plans. The IPP must be developed within 30 days of eligibility determination. The client and/or his responsible person participates in the development of the Plan. An Individual Program Plan is a written statement of goals and objectives established for an individual client which are noted in order of priority and/or time sequence. The Division of Developmental Disabilities service programs that impact on children 0-3 years of age and their families are described in the following section.

Child Services

The Division of Developmental Disabilities has a child services section to provide services to children with developmental disabilities from birth to five years of age who require developmental day training (which may be home-based or center-based), and to school age children with developmental disabilities who need summer programs to maintain gains made during the school year. Programs within this section include the following:

1. In-home services
These services are provided to Developmental Disabilities eligible children by therapists, counselors, child development specialists, and/or trained paraprofessionals who go into the home and work with the child and their family. These services include various therapies as well as family counseling.
2. Peer Self Help
The Division of Developmental Disabilities helps to fund the Pilot Parent's Program which provides early intervention services to parents of newly-diagnosed disabled children. Parents of children with handicapping conditions help other parents who have recently learned that their child has a handicapping condition. The main purpose is to provide supportive, experienced parents to pilot "new" parents through the initial difficulties of accepting that their child is handicapped.

3. Preschools;

The Division of Developmental Disabilities provides funding to preschool programs for children who are eligible for Developmental Disabilities services.

[NOTE: At this time the Division of Developmental Disabilities and the Department of Education are preparing an interagency agreement that would result in the transfer of funds from DDD to the Special Education Section for the purpose of establishing the Department of Education as the agency responsible for insuring the delivery of preschool services to special needs children in the state of Arizona.]

4. Summer Programs

This program is offered to school age children with developmental disabilities who need summer programs to maintain gains made during the school year.

5. Latch Key Program

This program provides services and supervision to children with developmental disabilities who need after-school care.

Support Services

Support services are available to the families of both children and adults with developmental disabilities. Support services are provided to eligible individuals who live in their own homes and require support services to remain in their homes, as well as to individuals who may be enrolled in the Division's residential or day services. Support services are provided only when and where generic community resources are unavailable or inadequate to meet an identified need and may include the following:

1. Respite sitters;
2. Physical therapy;
3. Occupational therapy;
4. Speech therapy;
5. Recreation/Socialization;
6. Homemaker services;
7. Financial assistance;
8. Transportation;
9. Medical support; and
10. Parent training.

Assistance to Families

This program provides payments to a developmentally disabled individual or to a parent or guardian on behalf of a developmentally disabled individual. The service is directed to families of eligible Division of Developmental Disabilities clients who are providing support for the individual to remain in the home, but who require further support services. The families must agree to contribute in some way for any service or item received. The types of services provided include the following:

1. Clothing;
2. Adaptive equipment;
3. Specialized day care;
4. Purchase of one-time equipment;
5. Car repairs;
6. Energy assistance;
7. Counseling; and
8. Visiting nurse.

Foster Care

The objective of the Division of Developmental Disabilities foster care program is to provide the least restrictive foster care setting for developmentally disabled children. This program serves children who are eligible for Developmental Disabilities services and who have been adjudicated dependent by the courts. Foster care is viewed as temporary, substitute care; however, while the child is in foster care, the Division is responsible for providing services directed toward maximizing the child's potential and providing the child with a warm, secure, stable, and loving environment.

Long-Term Care

The Arizona Health Care Cost Containment System (AHCCCS) was established in Arizona under Title XIX of the Social Security Act (commonly known as Medicaid). A long-term care program called the Arizona Long-Term Care System (ALTCS) is now in place in Arizona and includes a long-term care program for individuals with developmental disabilities. Although AHCCCS is the single state agency responsible for administering long term and acute care under the Medicaid program, the Division of Developmental Disabilities is responsible for providing services under the long-term care program to eligible individuals with developmental disabilities in the state of Arizona, including all reservation areas. The program focuses on alternatives to institutional placement and emphasizes home and community-based services. The Division of Developmental Disabilities receives a

capitated payment for most people served by the program which is a per person per monthly payment for each eligible enrolled person.

Eligibility for the Arizona Long-Term Care System (ALTCS) for developmentally disabled individuals as it relates to children from 0-3 years of age who are developmentally disabled or at risk for developing a handicapping condition is based on four main criteria:

1. Programmatic eligibility will be determined by AHCCCS using a pre-admission screening instrument which measures developmental milestones. A child will be determined programmatically eligible if the pre-screening results indicate he or she is at risk for institutionalization;
2. Financial eligibility is also determined by AHCCCS. Individuals receiving Supplemental Security Income (SSI) or Aid to Families with Dependent Children (AFDC) are automatically financially eligible. Children 0-6 years of age who do not receive SSI or AFDC have no limit on the amount of total family resources, but family income can not exceed \$1,104 per month;
3. Individuals must be developmentally disabled (as determined by the Division of Developmental Disabilities) according to the current state requirements; and
4. Individuals must be U.S. citizens or have permanent resident status.

Those who qualify for ALTCS benefits are automatically eligible for the full scope of other AHCCCS services. A service plan must be developed by the Division of Developmental Disabilities within 15 days of the date the individual is determined to be eligible for the Arizona Long-Term Care System (ALTCS) services. The Service plan provides the general plan for services for the individual and includes all the services funded or provided by the Division of Developmental Disabilities that an individual might receive. A case manager is assigned and is responsible for developing the service plan and ensuring that the services are delivered as identified in the plan.

In addition, an Individual Program Plan (IPP) conference must be held with the individual or responsible person and the case manager in attendance within 30 days of placement into service. Home and community-based services and institutional services offered under the ALTCS for developmentally disabled individuals are described below.

Home and Community-Based Services

Home and community-based services are offered to enable an ALTCS member who would otherwise be institutionalized to remain at or return home. These services are provided in homes and at group homes for people

with developmental disabilities. In addition to the services described below, there is also a special waiver program under Title XIX long-term care for ventilator-dependent Division of Developmental Disabilities children. This program can have up to 50 people in it at once. Through this program, children are allowed to stay at home and parents are trained in caring for their ventilator-dependent children. In-home services for the long-term care program are described below.

In-Home Services

In-home services have an overall limit of 130 hours per member per month (excluding respite care) and include the following covered services to ALTCS eligible developmentally disabled individuals:

1. **Homemaker Services.** This service provides assistance in the performance of activities related to household maintenance within the member's residence. A maximum of 21 hours of service per month is allowed.
2. **Personal Care.** This service provides assistance required to meet essential physical needs. Aides must be certified in accordance with Division of Developmental Disabilities standards. A maximum of 60 hours of service per month is allowed.
3. **Home Health Aide.** This service provides a home health aide to perform medically supervised and physician ordered intermittent health maintenance, continued treatment or monitoring of a health condition, and supporting care with activities of daily living.
4. **Home Health Nurse.** This service provides physician ordered, skilled nursing care services on a part-time or intermittent basis in the ALTCS eligible member's home.
5. **Respite Care.** This service includes short-term or intermittent care and supervision given by certified individuals in order to provide an interval of rest or relief to family members.
6. **Day Care.** This service offers rehabilitation instructional services and day treatment and training.
7. **Transportation.** This service provides or assists in obtaining transportation for ALTCS members. No more than 8 trips per week are allowed.

8. **Habilitation Services.** These services provide training in independent living, special developmental skills, sensory-motor development, and orientation and mobility in accordance with federal law.

Institutional Services

Two types of settings in which institutional services are available to ALTCS eligible individuals are: (1) intermediate care facilities for the mentally retarded (ICF/MR), and (2) skilled nursing facilities (SNF). These two aspects of the Arizona Long-Term Care System for developmentally disabled individuals and the covered services offered under each are described below.

Intermediate Care Facilities for the Mentally Retarded

These are group living situations located in Phoenix, Coolidge, and Tucson which provide care and active treatment on a 24 hour basis. Covered services provided to ALTCS eligible members include the following:

1. **Personal Care.** This service provides assistance required to meet essential physical needs.
2. **Day Care.** This service offers rehabilitation instructional services and day treatment and training.
3. **Transportation.** This service provides or assists in obtaining transportation for ALTCS members.
4. **Habilitation Services.** These services provide training in independent living, special developmental skills, sensory-motor development, and orientation and mobility in accordance with federal law.

Skilled Nursing Facilities

A skilled nursing facility provides 24 hour nursing services to individuals who are determined to require this care. An ALTCS eligible developmentally disabled person residing in a skilled nursing facility receives all services provided in an intermediate care facility for the mentally retarded except active treatment. In addition, individuals living in skilled nursing facilities have a habilitative program in place.

Medical Services

The Division of Developmental Disabilities has developed a Managed Care Program designed to monitor a broad range of medical services to ALTCS eligible individuals. In most instances, these services are provided by individually contracted pre-paid health plans contracted by the Division of Developmental Disabilities to provide services. The primary role of the Managed Care Team is to ensure the provision of optimal services to the individuals served through the Arizona Long-Term Care System for developmentally disabled individuals. A case manager has the responsibility to ensure that the ALTCS eligible person participates in the selection of a health plan (when a choice is available) or primary care physician. In those counties where there is no available health care provider located in the county, the choice of a primary care physician and the continued monitoring of physician care is an essential part of the managed care program. The managed care concept ensures both medical competence and sensitivity to the needs of people with developmental disabilities.

Acute Care

Covered acute care services must be medically necessary and provided by, or under the direction of, a primary care physician, dentist, or a specialist under the referral of a primary care physician. The ALTCS member's case manager will coordinate all services included in the service plan. The following acute care services are covered under ALTCS:

1. **Inpatient Hospital Services.** These are medically necessary services which are ordinarily furnished in a hospital, except for services in a public institution for tuberculosis or for mental diseases.
2. **Outpatient Services.** These are preventive, diagnostic, rehabilitative, palliative, or therapeutic items or services which are ordinarily provided in hospitals, clinics, physicians' offices, rural clinics, or other health care facilities by licensed health care providers.
3. **Laboratory, Radiological and Medical Imaging Services.** Laboratory (including routine screening for Hepatitis B), radiological, and medical imaging services which are ordinarily provided in hospitals, clinics, physicians' offices, and other health care facilities by licensed health care providers, shall qualify as covered services if medically necessary.

4. **Pharmacy.** Pharmaceutical services mean medically necessary drugs (including Heptavax) which are prescribed by a primary care physician, other physicians, practitioners, or dentists on referral by a primary care physician.
5. **Medical Supplies, Medical Equipment, and Prosthetic Devices.** Medical supplies, durable medical equipment, orthotic and prosthetic devices if medically necessary and not excluded by ALTCS rules. Excluded items are items of personal incidentals and diapers. First aid supplies are not covered on an outpatient basis unless they are provided in accordance with a prescription.
6. **Dental Services.** Dental services are provided by a licensed dentist for maintenance of dental health, prevention and treatment of disease and injury, not covered under emergency dental services, in an appropriate dental facility.
7. **Medically Necessary Dentures.** Denture services include those medically necessary dental services and procedures associated with, and including, the provision of dentures.
8. **Early and Periodic Screening, Diagnosis and Treatment (EPSDT).** The EPSDT program provides for the assessment of health and development in ALTCS members under 18 years of age. The services include:
 - a. Health and development history;
 - b. Physical examination;
 - c. Developmental assessment;
 - d. Immunizations;
 - e. Nutritional assessment;
 - f. Speech screening, diagnosis and therapy;
 - g. Hearing screening, testing and hearing aids;
 - h. Lab procedures;
 - i. Vision screening and examinations;
 - j. Rehabilitation services;
 - k. Dental screening and prophylaxis for children 3 years of age and older; and
 - l. Orthognathic surgery with prior authorization by the Division.
9. **Emergency Services.** These are services provided in a hospital emergency room after the sudden onset of a medical condition with acute symptoms of sufficient severity such that the absence of immediate medical attention could be expected to result in: (1) placing the member's health in serious jeopardy, (2) serious

impairment of bodily functions, or (3) serious dysfunction of any bodily organ or part.

10. **Emergency Dental Care and Extractions.**
11. **Orthognathic Surgery for Children by Children's Rehabilitative Services (CRS).** Orthognathic surgery, if medically necessary, is a covered service for children under 18 years of age.
12. **Podiatry Services.** Podiatry services are covered under ALTCS with the exception of routine foot care.
13. **Organ Transplant--Heart, Kidney, and Liver.** Organ transplant services will be in accordance with ALTCS rules and must have prior written authorization. Artificial heart or ventricular assist devices may not be used as a permanent replacement for a human heart or as a temporary life support system until a human heart is available for transplant.
14. **Cornea and Bone Transplantation.** Cornea and bone transplants require prior authorization from the Division and routine surgical policies and procedures apply.
15. **Emergency Ambulance and Medically Necessary Transportation.** Emergency ambulance transportation for members is a covered service.
16. **Home Health Services.** These services are services provided by a Home Health Agency which coordinates in-home intermittent services for curative, habilitative care. This service must be preauthorized by the Division of Developmental Disabilities.
17. **Family Planning Services.** Family planning services, including drugs, supplies and devices provided to delay or prevent pregnancy, are covered under ALTCS. Abortions that are not medically necessary, abortion counseling, and optional clinic services are excluded services.

Payment For Services

At the time of eligibility determination, the ALTCS member's share of the cost (if any) will be determined by the AHCCCS worker. The amount of member contribution is based on income and assets. For the most part, only those individuals who receive Railroad Retirement Attendant Care

and/or a combination of Supplemental Security Income and Social Security Disability benefits, and who have some earned income may be billed a share of the cost. The Department of Economic Security will bill the individual or family for the share of cost on a monthly basis.

Home and Community-Based Services

Individuals residing in group homes or developmental homes will be billed for room and board costs up to 70% of their monthly income. They receive the remainder of their income as a personal allowance.

Institutional Services

Individuals residing in intermediate care facilities for the mentally retarded (ICFs/MR) receive \$30.00 per month as a personal allowance, if eligible for Supplemental Security Income (SSI). The remainder of the benefits goes to the facility. Those individuals residing in intermediate care facilities who receive Social Security Disability benefits (SSA) receive \$53.10 per month as a personal allowance. The remainder goes to the facility.

Any third party carriers (i.e. Medicare, CHAMPUS, Comprehensive Medical/Dental Care for Foster Children, etc.) will be reported to AHCCCS by the case manager. The Division of Developmental Disabilities will bill all third party carriers prior to billing AHCCCS.

INTERAGENCY COORDINATION

The Division of Developmental Disabilities has been designated as the lead agency by the Governor to carry out the provisions of Public Law 99-457, Part H, as described in Section 676. The Governor has established a State Interagency Coordinating Council to assist and advise the lead agency in the performance of their responsibilities. The full text of Public Law 99-457, Part H, including a complete description of the Interagency Coordinating Council, is provided in the Appendix at the end of this report.

In addition, the Division of Developmental Disabilities coordinates its activities with several other agencies as well as with other divisions within the Department of Economic Security. A brief description of other coordination activities as they relate to children 0-3 years of age and their families follows.

1. Governor's Council on Developmental Disabilities

The Department of Economic Security, Division of Developmental Disabilities is the state designated Developmental Disabilities Administering State Agency. Pursuant to the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments

of 1978, the Council is required to work with the state administering agency jointly to develop the state developmental disabilities plan.

2. **Administration for Children, Youth and Families (ACYF)**
The Administration for Children, Youth and Families (ACYF) is located within the Department of Economic Security, Division of Social Services, and administers the Federally Assisted Foster Care Program. Children in ACYF foster care who appear to meet the Division of Developmental Disabilities eligibility criteria may be referred to the Division for a determination of eligibility. Responsibility for eligible children is then transferred to the Division of Developmental Disabilities which is then responsible for all aspects of the case.
3. **Office of Nutrition Services (ONS)**
The Department of Health Services, Office of Nutrition Services, provides nutrition consultants to the Division of Developmental Disabilities. These consultants provide services to group homes and residential clients through: (1) individualized nutrition assessments and diet planning, (2) menu development and evaluation, (3) consultation on equipment and food cost control, and (4) inservice training to staff.
4. **Office of Dental Health**
The Department of Health Services, Office of Dental Health, provides dental health care education to Division staff as well as inservice training to families and health professionals.
5. **Office of Children's Rehabilitative Services (CRS)**
The Department of Health Services, Office of Children's Rehabilitative Services, is the payor of last resort for medical services provided to CRS eligible children who are also children served by the Division of Developmental Disabilities. This includes only children who meet both the income and medical eligibility criteria for Children's Rehabilitative Services.
6. **Comprehensive Medical/Dental Program for Foster Children**
The Comprehensive Medical/Dental Program for Foster Children is located within the Department of Economic Security, Division of Social Services. This program provides full coverage for medical and dental services to children in the Developmental Disabilities Foster Program.

7. Arizona Department of Education (ADE)

The Division of Developmental Disabilities receives money from the Arizona Department of Education under Chapter One of Title I of the Elementary and Secondary Education Act. The Division of Developmental Disabilities then contracts for Chapter One services with local programs throughout Arizona who serve Developmental Disabilities eligible children.

In addition, a representative from the Arizona Department of Education sits on the Interagency Coordinating Council (ICC) for the implementation of P.L. 99-457.

8. Arizona Health Care Cost Containment System (AHCCCS)

The Division of Developmental Disabilities and the Arizona Health Care Cost Containment System coordinate their activities in a long-term health care program under Title XIX of the Social Security Act. This program provides long-term health care to individuals with developmental disabilities and emphasizes home and community-based services. AHCCCS administers the long-term care program and the Division of Developmental Disabilities is responsible for the provision of services.

Division of Developmental Disabilities eligible children who are also AHCCCS eligible receive Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services through the Arizona Health Care Cost Containment System.

LAWS & REGULATIONS

The Division of Developmental Disabilities is authorized and regulated by both federal and state law. This legislation controls funding, services, and eligibility criteria for the Division. A brief description of applicable federal and state legislation follows.

Federal

Mental Retardation Facilities Construction Act of 1963, P.L. 88-164

This Act authorized federal support for the construction of various centers and facilities for children and adults with mental retardation.

The Developmental Disabilities Services and Facilities Construction Amendments of 1970, P.L. 91-517

Through these amendments, states were given broad responsibility for planning and implementing a comprehensive program of services as well as developing a system for delivery of these services. A council made up of representatives of public and private agencies and consumers of the services they provided was established for statewide planning and coordination. In Arizona, this is the Governor's Council on Developmental Disabilities.

The Developmental Disabilities Assistance and Bill of Rights Act of 1975, P.L. 94-103

This Act authorized a three year extension of state formula grants to assist in planning and implementing programs on behalf of children and adults with developmental disabilities. In addition, the definition of the term "developmental disability" was broadened to expand eligibility.

The Rehabilitation, Comprehensive Services, and Developmental Disabilities Amendments of 1978, P.L. 95-602

These amendments revised the definition of the developmentally disabled population and shifted the emphasis from planning to certain priority service areas. A new definition of the term "developmental disability" was adopted which shifted the emphasis from etiological disability categories to the severity of functional impairments. This definition defines the term "developmental disability" as follows:

1. A severe, chronic disability of a person which:
 - (a) Is attributable to a mental or physical impairment or combination of mental or physical impairments;
 - (b) Is manifested before the person attains age twenty-two;
 - (c) Is likely to continue indefinitely;
 - (d) Results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, and (7) economic sufficiency; and
 - (e) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

These amendments also required states to focus an increased share of their federal-state grant funds on certain priority service areas.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

The Developmental Disabilities Assistance and Bill of Rights Act was extended for three more years under this Act.

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1984, P.L. 98-547

In these amendments, the purpose of the Developmental Disabilities Act was expanded to include assisting persons with developmental disabilities to achieve their maximum potential through increased independence, productivity, and integration into the community. The priority service areas were revised to place an emphasis on employment and related services and the minimum state allotments for basic state grants were increased.

The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, P.L. 100-146

Under these amendments, programs authorized under the grant were extended for three years and the priority service areas were again revised to place an emphasis on family support services. Also, minimum allotments for the basic state grant program were raised.

State

Arizona Revised Statutes Section 41-1954(1)(i)

This statute requires the Director of the Department of Economic Security to administer mental retardation and other developmental disability programs, with an emphasis on referral and purchase of services.

Arizona Revised Statutes Section 36-551

This statute states the definition for "developmental disability" as the following:

1. A severe chronic disability which:
 - (a) Is attributal to mental retardation, cerebral palsy, epilepsy, or autism;
 - (b) Is manifest before age 18;
 - (c) Is likely to continue indefinitely;
 - (d) Results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and expressive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, or (7) economic self-sufficiency; and

- (e) Reflects the need for a combination and sequence of individually planned or coordinated special interdisciplinary or generic care, treatment, or other services which are of a lifelong or extended duration.

Arizona Revised Statutes Sections 36-553 through 36-559

These statutes indicate the functions of the Division of Developmental Disabilities and include the establishment of the Developmental Disabilities Advisory Board, the powers and duties of the director, coordination with other agencies, eligibility, and criteria for and regulation of foster homes operated by the Division of Developmental Disabilities.

Arizona Administrative Code R6-6-301 and R6-6-302

These regulations list the eligibility criteria for receiving Developmental Disabilities services including eligibility for infants and children.

FUNDING

The Division of Developmental Disabilities receives funding from both federal and state sources. Federal and state legislation regulate how the money is spent. A brief description of the Division's funding sources follows:

Federal

Title XIX of the Social Security Act

The Arizona Health Care Cost Containment System (AHCCCS) receives funding available under Title XIX of the Social Security Act. This money funds a long-term health care program for eligible individuals in Arizona who have developmental disabilities. The long-term care program is administered by AHCCCS, while the Division of Developmental Disabilities is responsible for providing services under the long-term care program to individuals with developmental disabilities.

Title I of the Elementary and Secondary Education Act

The Division of Developmental Disabilities receives money from the Arizona Department of Education under Chapter One of Title I of the Elementary and Secondary Education Act. The Division of Developmental Disabilities then contracts with local programs serving Developmental Disabilities eligible children.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the state general fund. A certain amount of that money is earmarked by the state legislature to go to programs within the Division of Developmental Disabilities.

ADVISORY COUNCILS

The Division of Developmental Disabilities is required by law to have an advisory council. A.R.S. Section 36-553 established a Developmental Disabilities Advisory Council consisting of 13 members. The members are appointed by the director of the Department of Economic Security to represent geographic regions of the state which are established for planning purposes. The members can not be employees of the Department of Economic Security and the majority of council members are required to be parents or relatives of persons with developmental disabilities. In addition, each district within the Division of Developmental Disabilities may, at its own option, have its own advisory council.

**DIVISION OF EMPLOYMENT &
REHABILITATION SERVICES**

JOB TRAINING PARTNERSHIP ADMINISTRATION

MISSION

It is the purpose of the Job Training Partnership Act to establish programs to prepare youth and unskilled adults for entry into the labor force market and to afford job training to those economically disadvantaged individuals facing service barriers to employment, who are in special need of such training to obtain productive employment.

Goal

To increase the earning potential of youth and economically disadvantaged individuals and other individuals facing serious barriers to employment.

STRUCTURE

The Job Training Partnership Administration (JTPA) is located within the Department of Economic Security, Division of Employment and Rehabilitation Services. The Job Training Partnership Administration is overseen by a program administrator who reports to the Assistant Director of the Division of Employment and Rehabilitation Services. The Director of the Department of Economic Security has ultimate authority over the Job Training Partnership Administration.

The Job Training Partnership Act provides the basis for the JTPA and its programs. Although the Job Training Partnership Act is federal legislation, the state is responsible for administering and implementing Job Training Partnership Act programs.

ELIGIBILITY

To be eligible for programs under the Job Training Partnership Act, an individual must be economically disadvantaged. "Economically disadvantaged" persons may include adults with handicaps who either qualify for federal, state, or local welfare payments or meet alternative economic need criteria. Specifically, to qualify for federally subsidized job training under the program, an individual must be:

1. Receiving cash welfare payments;
2. Living in a family whose total income does not exceed the poverty level or 70 percent of the "lower living" income standard;
3. Receiving food stamps; or
4. A foster child on behalf of whom state or local payments are made.

However, 10% of the participants may not be economically disadvantaged, but represent individuals who have encountered barriers to employment, such as:

1. An individual without proficiency in English;
2. Displaced homemaker;
3. School dropouts;
4. Teenage parents;
5. An individual with a handicapping condition;
6. Older workers;
7. Veterans;
8. Offenders;
9. Alcoholics;
10. Addicts; or
11. Others as approved by a Private Industry Council (PIC).

SERVICES

Two main service areas within the Job Training Partnership Administration are discussed in this analysis: (1) Adult and Youth Programs, and (2) Dislocated Worker Program. Services offered through each of these program areas are discussed below.

Adult and Youth Programs

Services within the Adult and Youth Programs are available to economically disadvantaged adults and youth as well as to those who have encountered barriers to employment. Services offered include:

1. Job search assistance;
2. Job counseling;
3. Remedial education and basic skills training;
4. Institutional skills training;
5. On-the-job training;
6. Advanced cover training;
7. Training programs operated by the private sector;
8. Outreach;
9. Specialized surveys not available through LMI;

10. Programs to develop work habits and other services to assist with getting and retaining employment;
11. Supportive services--not to exceed 6 months after completion of training;
12. Upgrading and retraining;
13. Education-to-work transition activities;
14. Literacy training and bilingual training;
15. Work experience;
16. Vocational exploration;
17. GED certificates;
18. Job development;
19. Employment-generating activities to increase job opportunities for eligible individuals in the area;
20. Pre-apprenticeship programs;
21. Disseminating information on program activities to employees;
22. Use of advanced learning technology for education, job preparation, and skills training;
23. On-site industry;
24. Follow-up services for participants in unsubsidized employment; and
25. Coordinated programs with other Federal employment related activities.

Dislocated Worker Program

Services within the Dislocated Worker Program are available to workers who are victims of plant closings or lay-offs and who have no reasonable expectation of returning to the job or the occupation in which the worker is trained. Under Title III of the Federal Job Training Partnership Act, dislocated worker programs may target specific industries or high unemployment areas. Services may include: (1) pre-layoff services, (2) relocation assistance, (3) job search assistance, (4) job development, (5) skills training-demand occupations, and (6) supportive services.

Arizona has three dislocated worker intake centers located in Phoenix, Tucson, and Globe. There are nine satellite centers located in Safford, Yuma, Kingman, Flagstaff, Lake Havasu City, Glendale, Kearny, Nogales, and Douglas. Services provided at these centers include:

1. Outreach, Intake;
2. Case Management;
3. Assessment and Career Counseling;
4. Job Search Assistance;
5. Retraining, On-the-Job-Training, Vocational Education;
6. Job Development and Placement;
7. Relocation Assistance and Information;

8. Behavioral Health Services (including family counseling, alcohol and drug abuse counseling, crisis intervention, etc.);
9. Referral to and coordination with other Community Services; and
10. Pre-lay off assistance.

INTERAGENCY COORDINATION

The Job Training Partnership Administration coordinates its program and activities with other Administrations within the Department of Economic Security as well as with other state agencies. This intragency and interagency coordination is described below.

1. Family Assistance Administration (FAA)
The Job Training Partnership Administration works with the Family Assistance Administration in AFDC (Aid to Families with Dependent Children) placement, which is placement of individuals who receive AFDC payments in unsubsidized employment for no less than 60 calendar days.
2. Arizona Department of Education (ADE)
The Arizona Department of Education administers the Job Training Partnership Act education fund (under Title IIA) which amounts to 8% of the Job Training Partnership Administration's total funding.
3. Department of Commerce
Coordination between the Department of Commerce and the Job Training Partnership Administration is in areas relating to activities in economic development and related training and education needs in Arizona.
4. Department of Corrections
The Job Training Partnership Administration works with the Department of Corrections in the provision of education and job training for juvenile and adult offenders.

LAWS & REGULATIONS

The Job Training Partnership Administration is a federal program and is, therefore, governed by federal laws and regulations. The Job Training Partnership Act (JTPA) and its amendments are the basis for the programs within the Job Training Partnership Administration.

Federal

Job Training Partnership Act of 1982, P.L. 97-300

The Job Training Partnership Act was enacted for the purpose of training and placing "economically disadvantaged" persons in the work

force through joint public-private sector initiatives. It also provides for the creation of two councils in each state to facilitate administration at the state and local levels: (1) State Job Training Coordinating Council, and (2) Private Industry Council.

The Job Training Partnership Act is divided into five separate Titles, each dealing with specific aspects of the Act. These Titles are as follows:

1. Title I--establishes a local service delivery structure and includes planning requirements for the states;
2. Title II--sets forth requirements for adults and youth training programs;
3. Title III--authorizes discretionary and formula grant programs to provide training and related employment services for dislocated workers using a system of state and local programs; and
4. Title IV--authorizes grants for research and development programs to assist in policy and program development related to human resources.

Job Training Partnership Act Amendments of 1986, P.L. 99-496

This legislation amended the Act to include special consideration for persons with handicaps in the awarding of discretionary projects.

State

None

FUNDING

The Job Training Partnership Administration is funded primarily through a federal source. This source is described below.

Federal

Job Training Partnership Act

The Job Training Partnership Act provides the bulk of the funding for programs within the Job Training Partnership Administration through grants to the states.

Non-Federal

State General Fund

The state legislature allocates an amount of money to the Department of Economic Security each year. A portion of that money is used by the Job Training Partnership Administration as a state match for federal money received for the Dislocated Worker Program offered by the Administration.

ADVISORY COUNCILS

State Job Training Coordinating Council (SJTCC)

This Council is appointed by the Governor to plan, coordinate, and monitor job training services under the Job Training Partnership Act. The Council also designates service delivery areas, approves job training plans, and allocates and oversees the use of federal funds.

The composition of the Council shall include the following:

1. One-third must be representatives from business and industry;
2. Not less than 20% should be representatives from the state legislature and state agencies and organization;
3. Not less than 20% should be representatives of units of general local government; and
4. Not less than 20% should be representatives from the general population, general public, organized labor, CBOs, and local educational agencies.

Private Industry Councils (PIC)

There shall be a private industry council for every service delivery area. These councils are appointed to govern JTPA-funded activities in each service delivery area, performing functions comparable to the State Job Training Coordinating Council on a local level.

The private industry councils are made up primarily of individuals from the private sector who are nominated by general purpose business organizations in the area. Representatives of educational agencies, organized labor, rehabilitation agencies, community board organizations, economical development agencies, and public employment agencies also make up private industry councils.

REHABILITATION SERVICES ADMINISTRATION

MISSION

The Rehabilitation Services Administration provides specialized services to individuals who have physical or mental disabilities that constitute barriers to employment and/or independent living.

Goals

1. *To assist disabled individuals to enter/return to employment;*
2. *To assist disabled individuals in transition to lives of greater independence; and*
3. *To maintain in employment those severely physically disabled persons who are capable of working only with ongoing supports.*

STRUCTURE

The Rehabilitation Services Administration (RSA) is located within the Department of Economic Security, Division of Employment & Rehabilitation Services. The Program Administrator oversees the activities of the Administration. The RSA administrator reports to the Assistant Director of the Division of Employment and Rehabilitation Services on operational issues and reports directly to the Director of the Department of Economic Security on all program issues.

The Rehabilitation Services Administration is comprised of three separate service areas: (1) vocational rehabilitation, (2) comprehensive services for independent living, and (3) employment support services. Each of these service areas have their own programs which are described later in the section entitled "Services".

ELIGIBILITY

To be eligible for Vocational Rehabilitation services, a VR counselor must determine the following:

1. The individual has a physical or mental disability which results in functional limitations serious enough to constitute a substantial handicap to employment; and

2. Vocational Rehabilitation Services may reasonably be expected to benefit the individual either to gain or keep employment.

An individual may apply for vocational rehabilitation services by contacting the nearest Rehabilitation Services Administration (RSA) office. The location of an individual's nearest RSA office can be determined by contacting the local Department of Economic Security district office. Once an individual has been determined to be eligible for vocational rehabilitation services, an Individual Written Rehabilitation Plan (IWRP) is developed by the client and a counselor. The plan states the responsibilities of both the state agency and the client in their roles toward achieving successful rehabilitation.

SERVICES

As stated earlier, there are three separate service areas within the Rehabilitation Services Administration: (1) vocational rehabilitation, (2) comprehensive services for independent living, and (3) employment support services. Each of these service areas offer separate services which may impact on the families of children who are developmentally disabled or at risk for developing a handicapping condition by providing services to their parents. These service areas are discussed below.

Vocational Rehabilitation

The goal of Vocational Rehabilitation Services is to provide employment opportunities to individuals who are disabled by assisting them to overcome or circumvent their employment handicaps. The following services are provided to individuals through Vocational Rehabilitation Services:

1. Case management;
2. Counseling;
3. Restorative services (such as surgical procedures and various therapies);
4. Prosthesis (such as limbs, orthopedic equipment, and hearing aids);
5. Training (such as business/vocational/technical/ other training in institutions of higher education);
6. Remedial education;
7. Support services (such as interpreter/reader services, transportation, home/work modifications, equipment/supplies; attendant care, etc.);
8. Rehabilitation and instructional services for the blind; and
9. Rehabilitation engineering services.

The rehabilitation process is designed as a cooperative effort between client and counselor. The VR counselor coordinates the provision of services to ensure a successful employment outcome.

Comprehensive Services For Independent Living

Comprehensive Services for Independent Living provides a planned program of services to individuals who are severely disabled to enable them to function more independently in the family and/or community. The services provided may include, as necessary for each individual, the following:

1. Case management;
2. Counseling;
3. Home modifications;
4. Attendant care;
5. Transportation;
6. Interpreter services for the deaf;
7. Reader services;
8. Rehabilitation teaching services;
9. Orientation and mobility services for the blind;
10. Services to family members related to adjustment to independent living rehabilitation;
11. Referral services;
12. Adaptive aids and devices;
13. Vehicle modification assessments;
14. RIS for nonrestorative purposes; and
15. Consultative services.

In addition, there are two Centers For Independent Living which are administered by two private, nonprofit rehabilitation facilities. These are located in Phoenix and Tucson. The Centers provide rehabilitation and support services to severely disabled individuals who live in the community.

Comprehensive Service for Independent Living also provides service through a Sight Conservation program which provides eye examinations, glasses, and other eye care services to persons who are indigent to prevent and correct eye problems. The service delivery system is through the operation of clinics statewide. These clinics are staffed by optometrists and ophthalmologists.

Employment Support Services

The goal of Employment Support Services is to provide services to meet the needs of selected severely disabled persons who are so severely disabled that ongoing supportive services are necessary to allow them to maintain employment.

Arizona receives Supported Employment Demonstration Project grant monies from the Office of Special Education and Rehabilitative Services (OSERS). It provides monies for project staff and start-up/development grants to build a statewide network of supported

employment opportunities for severely disabled persons who could not normally maintain employment without such support within the local communities.

In addition, Employment Support Services provide employment opportunities for severely disabled individuals in sheltered employment workshops and in community settings.

INTERAGENCY COORDINATION

The Rehabilitation Services Administration (RSA) works with other divisions within the Department of Economic Security as well as with other state agencies in an effort to accomplish its goals. A brief description of this intragency and interagency coordination follows.

1. Division of Developmental Disabilities (DDD)
The Division of Developmental Disabilities is also located within the Department of Economic Security. RSA works with the Division of Developmental Disabilities in finding employment opportunities for youth and adults who are developmentally disabled.
2. Arizona Department of Education (ADE)
The Rehabilitation Services Administration has a cooperative agreement with the Department of Education which encourages program collaboration with local school districts in regard to the transition from school to work for students with handicapping conditions.
3. Division of Behavioral Health Services
Division of Behavioral Health Services and RSA have a cooperative agreement whereby funds are shared to develop and provide services for mutually eligible clients.
4. Social Security Administration (SSA)
The Rehabilitation Services Administration receives direct referrals from Disability Determinations of individuals who may or may not be eligible for Social Security Disability, but still may be eligible for rehabilitation.
5. Veterans Administration (VA)
RSA has a cooperative agreement with the Veterans Administration for referrals of individuals who may be eligible for rehabilitation.
6. Industrial Commission
The Rehabilitation Services Administration and the Industrial Commission have a cooperative agreement in which RSA receives referrals from the Commission for a "similar benefits" program. An individual who was injured on a job and is receiving benefits from the state compensation fund

rehabilitation program may get non-injury related services necessary for a comprehensive rehabilitation program (i.e. additional medical services, training, etc.).

LAWS & REGULATIONS

The Rehabilitation Services Administration is authorized and regulated by both federal and state laws. A brief description of this legislation follows:

Federal

Vocational Rehabilitation Act of 1920, P.L. 66-236

This Act established a federal/state rehabilitation program which required: (1) development of a state plan to be submitted and approved by the federal agency; (2) an annual report to the Federal Board for Vocational Education; (3) the establishment of the state program under the state's Vocational Education Board; and (4) prohibition of fund expenditures for buildings or equipment.

Vocational Rehabilitation Amendments of 1943, P.L. 78-113

This Act permitted state programs to provide services to mentally disabled as well as physical restoration and counseling or training for eligible clients.

Vocational Rehabilitation Act of 1954, P.L. 83-565

These Amendments made major revisions to the Vocational Rehabilitation Act of 1920. The amendments provided for more funds and additional program options for state agencies, established a federally funded research program, and provided training for staff of both public and private programs. In addition, grants were authorized to expand or improve facilities.

Vocational Rehabilitation Amendments of 1965, P.L. 89-333

These amendments gave the states increased flexibility in financing and administering state vocational rehabilitation services and provided for federal matching of local public funds made available to the states. Under these amendments, emphasis was on the development of a statewide facilities plan.

Rehabilitation Amendments of 1967, P.L. 90-99

State-mandated residency requirements, which excluded otherwise eligible persons with handicapping conditions residing in the state from receiving vocational rehabilitation services, were eliminated by Congress through these amendments.

Rehabilitation Amendments of 1968, P.L. 90-391

These amendments permitted expanded services to family members if these services would contribute substantially to the rehabilitation of the individual.

Rehabilitation Act of 1973, P.L. 93-112

This Act revised and recodified the Vocational Rehabilitation Act and placed an emphasis on expanding services to clients with more severe handicaps. This Act also required state vocational rehabilitation agencies to develop an individualized written rehabilitation program.

In addition, a Rehabilitation Services Administration (RSA) was established within the Department of Health, Education, and Welfare. Responsibility for administering all aspects of the rehabilitation program was given to the RSA Commissioner.

Rehabilitation Act Amendments of 1974, P.L. 93-516

A broader definition of "handicapped individual" was added to the Act as well as revisions to the individualized written rehabilitation plan. An emphasis was placed on reporting and analyzing the reasons for determinations of ineligibility and reevaluating individuals who were refused services.

The Rehabilitation, Comprehensive Services and Developmental Disabilities Act of 1978, P.L. 95-602

This Act revised the formula for determining state allotments under the basic federal-state vocational rehabilitation grant-in-aid program. A new title was added to the Rehabilitation Act, Title VII, entitled "Comprehensive Services for Independent Living" which authorized: (1) grants to states for comprehensive services; (2) discretionary grants to support centers for independent living; and (3) grants for services to older blind persons.

In addition, this Act established a 15-member National Council on the Handicapped to represent consumers, national organizations, service providers and administrators, researchers, and business and labor groups. Also, the Council was required to include at least five persons with handicapping conditions, their parents, or guardians.

The Rehabilitation Amendments of 1984, P.L. 98-221

Pursuant to these amendments, the Client Assistance Program was established as a formula grant program to assist clients and applicants in understanding the projects, programs, and facilities providing services under the Rehabilitation Act. In addition, these amendments removed the National Council on the Handicapped from the Department of Education and established it as an independent agency within the federal government.

The Rehabilitation Act Amendments of 1986, P.L. 99-506

Under these Amendments, the definition of "severe handicap" was amended to include functional as well as categorical criteria. Also, part-time work was determined to be a viable outcome of rehabilitation services. This was to be used in defining "employability" in regard to eligibility for receiving rehabilitation services.

In addition, a new supplementary formula grant program was established which authorized states to conduct interagency collaborative projects to provide supported employment services to persons with severe handicapping conditions.

State

Arizona Revised Statutes Section 41-1954(A)(1)(d)

This statute requires the Department of Economic Security to administer rehabilitation services, including vocational rehabilitation services and sections for the blind and visually impaired, communication disorders, correctional rehabilitation and other related functions.

Arizona Revised Statutes Section 23-501 through 23-508

These statutes pertain to vocational rehabilitation services in Arizona and include definitions, duties and powers of the Division of Employment & Rehabilitation Services, eligibility criteria, provisions for Individual Written Rehabilitation Plans, and vocational rehabilitation services.

Arizona Administrative Code R6-4-100 through R6-4-707

These regulations contain administrative rules for vocational rehabilitation services in Arizona. Definitions, duties and powers of the Division of Employment & Rehabilitation Services, vocational rehabilitation services, and rehabilitation services to the blind and visually impaired.

FUNDING

The Rehabilitation Services Administration receives funding for its programs from both federal and state sources. A brief description of these funding sources follows.

Federal

Rehabilitation Act of 1973, as amended

Pursuant to this Act, funds are allocated by the federal Rehabilitation Agency to each state agency by a formula involving the state's population and fiscal capacity as measured by per capita income. These funds are used to augment state appropriations for rehabilitation services. For many years, the federal share has been 80% with state matching contributions of 20%. By 1993, the federal/state ratio will be 75/25.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the state general fund each year. The legislature earmarks some of this money for the Division of Employment & Rehabilitation Services. A portion of this money provides the state portion of the federal/state match for the Rehabilitation Services Administration.

ADVISORY COUNCILS

Economic Security Council

This council is statutorily mandated and is established by the Director of the Division of Economic Security with its members appointed by the governor. The Council advises the governor and the Director of the Department of Economic Security on the needs of the state with respect to manpower, economic security, social welfare, and vocational rehabilitation. A special purpose council, the Rehabilitation Advisory Committee, is also required to be established by the Director of the Department of Economic Security. Members of special purpose councils are appointed by the Director of the Department of Economic Security.

DIVISION OF FAMILY SUPPORT

CHILD SUPPORT ENFORCEMENT ADMINISTRATION

MISSION

The Child Support Enforcement Administration (CSEA) is responsible for the Child Support Enforcement Program in Arizona. This program is a cooperative federal/state effort to collect child support from an absent parent. The Child Support Enforcement Administration and county governments work together to ensure that all child support services are available statewide.

Goals

1. *To ensure that children are supported by their parents;*
2. *To foster family responsibility; and*
3. *To reduce the costs of welfare to the taxpayer.*

STRUCTURE

The Child Support Enforcement Administration is located in the Department of Economic Security, Division of Family Support. The services provided include: (1) locating absent parents, (2) establishing paternity for children born out of wedlock, (3) establishing support obligations, (4) enforcing support obligations, and (5) collecting support payments.

The federal Office of Child Support Enforcement is located in the U.S. Department of Health and Human Services. This Office helps states develop, manage, and operate their programs effectively and according to the rules of Federal law. In addition, this Office pays for a major portion of the state program operating costs, provides policy guidance and technical assistance to enforcement agencies, conducts audits and educational programs, supports research, and promotes initiatives for program improvement.

ELIGIBILITY

All families in Arizona whose children need the financial support of an absent parent qualify for child support services. There are two categories of eligibility: (1) families who receive Aid to Families with Dependent Children (AFDC) and/or Federally Assisted Foster Care, and (2) those families who have never applied for assistance under AFDC or Federally Assisted Foster Care. The specific facts relating to eligibility for each of these groups are discussed below.

AFDC Families

Families who fall into this category are automatically referred to the Child Support Enforcement Administration by the public assistance program. A separate application to CSEA is not necessary. As a condition of eligibility for AFDC, the recipient must cooperate with the Child Support Enforcement Office in identifying and seeking support from an absent parent; however, if it is not in the child's best interest to find the absent parent, other arrangements may be worked out. Any payments collected on behalf of the AFDC recipient (except up to the first \$50 of current support received each month) go toward reimbursing the state and federal governments for AFDC payments made to the family. There is no fee charged for child support enforcement services.

Non-AFDC Families

Families who do not receive public assistance and need help in establishing a support obligation or in collecting child support payments, can apply for child support enforcement services through either a local Department of Economic Security Family Assistance Office, a Child Support Enforcement Administration Office, or a local county Family Support Office.

SERVICES

Services available through the Child Support Enforcement Administration include: (1) location, (2) paternity, (3) obligation, (4) enforcement and collection, and (5) medical support enforcement. In addition, the Child Support Enforcement Administration can assist in obtaining payments from an absent parent who lives in another state. These services are discussed in the section that follows.

Location

This service provides assistance in finding an absent parent who is not financially supporting his/her children to establish support or to begin an enforcement action. Information provided by the custodial parent is the most common and the quickest way to locate the parent. Using a social security number, the Arizona State Parent Locator Service can check records of other state agencies to obtain an address. If the parent has moved to another state, the Arizona State Parent Locator Service can request other state locator services to make a search. At the same time, a request can be made through the Arizona Child Support Enforcement Administration to the Federal Parent Locator Service for assistance. Once a current address has been found, the CSEA caseworker will either request that the absent parent come in for an interview or notify the parent that legal action may be taken.

Paternity

States are required to establish paternity for children born out of wedlock and obtain a child support order on those adjudicated to be the father. In Arizona paternity can be established in the following ways:

1. By stipulation or acknowledgement of paternity by the father which has been submitted to the Superior Court for signature by a judge;
2. Through a stipulation made by an agreeing father after a blood test shows a 95% or better chance that he is the father (95% is not law traditionally, if in excess of 95% and if the alleged father agrees); or
3. Through a formal trial.

Once paternity has been established, the next step is to establish a support order or obligation.

Obligation

A legal order for child support spelling out the amount of the obligation and how it is to be paid is required before enforcement can take place. There are two ways in which a support order can be obtained: (1) an agreement (or stipulation) between the CSEA worker and the absent parent can be filed with the court which establishes the amount and frequency of support payments; the Court may then make the agreement into a legal order; or (2) the Arizona Child Support Enforcement Administration can attempt to bring legal action against the absent parent and petition the court to determine the amount of support.

Enforcement

One important objective of the Child Support Enforcement Administration Program is to make sure that child support payments are made regularly and in the correct amount. When this does not occur, the CSEA uses a number of methods to enforce support which include:

1. Wage assignments;
2. Offsets of federal and state tax refunds;
3. Unemployment benefits and lottery offsets;
4. Stipulations;
5. Hearings for contempt and referrals to the Attorney General's Office; and
6. Liens on property owned by the absent parent.

Collection of support payments is made through the court clerk. In non-AFDC cases, the clerk issues the payments to the custodial parent. In AFDC cases, the court clerk disperses the collections to the Department of Economic Security. The Payments and Distributions Department of the Child Support Enforcement Administration then reimburses the AFDC grant program for monies paid out to the family in aid and then forwards the \$50.00 disregard to the AFDC recipient.

Medical Support Enforcement

At present, Child Support Enforcement is identifying cases which have the potential for obtaining health insurance benefits. Once the cases have been identified, the Court will be petitioned to modify support orders to include health insurance. Potential cases for modification shall be limited to cases with court orders, which were entered by the Office of the Attorney General or County Attorney. All AHCCCS (Arizona Health Care Cost Containment System) related cases and non-AFDC (Aid For Families with Dependent Children) cases in which the Petitioner is not an applicant or recipient of AHCCCS and consent has been obtained for enforcement of medical support, will be enforced by Child Support Enforcement.

Interstate Cooperation

By law, state enforcement agencies must cooperate with each other in handling requests for assistance. When the absent parent resides in a state other than Arizona, Arizona must request that the other state establish or enforce an order. This can be done by: (1) filing a petition for a court hearing under the Uniform Reciprocal Enforcement Act, (2) requesting an interstate wage assignment, or (3) requesting registration of a foreign support order.

INTERAGENCY COORDINATION

The Child Support Enforcement Administration coordinates its activities with other Divisions and Administrations within the Department of Economic Security in an effort to ensure that children are supported by their parents. This intragency coordination is briefly described below.

1. Family Assistance Administration (FAA)

The Family Assistance Administration is located within the Department of Economic Security, Division of Family Support and administers the Aid to Families with Dependent Children Program in Arizona. Families receiving Aid to Families with Dependent Children (AFDC) are automatically referred to the Child Support Enforcement Administration by the Family Assistance Administration.

2. Administration for Children, Youth and Families (ACYF)
The Administration for Children, Youth and Families (ACYF) is located within the Department of Economic Security, Division of Social Services and administers the Federally Assisted Foster Care Program. Families receiving federally assisted foster care through the Administration for Children, Youth and Families are automatically referred to the Child Support Enforcement Administration.

LAWS & REGULATIONS

The Child Support Enforcement Administration is authorized and regulated by federal as well as state law. This legislation controls services covered by CSEA and their funding sources. A brief description of applicable federal and state law follows.

Federal

Social Services Amendments of 1974, P.L. 93-647

This legislation established Title IV-D of the Social Security Act which is the Child Support Enforcement Program. Through this program, the federal government approves plans submitted by states which outline their strategies in administering the Child Support Program. Federal matching funds are available under Title IV-D to states submitting approved plans.

Child Support Enforcement Amendments of 1984, P.L. 98-378

These amendments improved child support enforcement by requiring states to enact laws and procedures to improve the effectiveness of child support enforcement. This legislation also provided consistent policies on participation and eligibility standards for AFDC and non-AFDC families and strengthened interstate enforcement.

State

Arizona Revised Statutes Section 46-401

Arizona's public policy, as it relates to child support, is established in this statute which states that all parents shall be responsible for the support of their dependent children.

Arizona Revised Statutes Section 46-406

This statute controls funding for the administration of public assistance services through the Child Support Enforcement Program by setting forth what percentage of child support collections received on public assistance cases may be used to administer the program.

Arizona Revised Statutes Section 46-441

This statute establishes a central support payment clearinghouse and county branch offices in the state of Arizona for the purposes of receiving, disbursing, and monitoring support payments pursuant to the Child Support Enforcement Program.

FUNDING

The Child Support Enforcement Administration receives funding from both state and federal sources. These funding sources are briefly described in the following section.

Federal

Title IV-D of the Social Security Act

The Arizona Child Support Enforcement Administration receives quarterly Title IV-D federal matching funds for administrative costs incurred during that quarter.

Federal Incentive Payments

Under the Child Support Enforcement Amendments of 1984, state child support enforcement programs that perform in a cost-effective and efficient manner receive incentive payments from the support collected which would otherwise represent the federal share of those collections. The Arizona Child Support Enforcement Administration receives such incentive payments.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the State General Fund. A certain amount of that money is earmarked by the state legislature to go to the Child Support Enforcement Administration.

Refund State Share of Collections

Arizona Revised Statutes Section 46-406 enables the Child Support Enforcement Administration to retain a percentage of the state share of the collections made by the CSEA. The retained share is not a constant percentage and can vary from one distribution period to the next.

ADVISORY COUNCILS

There is currently no Advisory Council for the Child Support Enforcement Administration.

COMMUNITY SERVICES ADMINISTRATION

MISSION

The Community Services Administration (CSA) strives to assist economically disadvantaged individuals and families move through and out of crisis situations.

STRUCTURE

The Community Services Administration is located within the Department of Economic Security, Division of Family Support. The program is overseen by a program administrator who reports to the Assistant Director of the Division of Family Support. The Director of the Department of Economic Security has ultimate authority over the Community Services Administration.

SERVICES

Although the Community Services Administration provides few direct services, CSA does contract with other providers for services. None of these services are directed specifically to children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families. In an effort to assist economically disadvantaged families move through crisis situations, the Community Services Administration contracts with private, non-profit agencies, counties, and cities throughout the state. The following is a list of the types of services CSA provides through such contracts:

1. Crisis Intervention;
2. Community Education and Information;
3. Case Management;
4. Counseling;
5. Consultation;
6. Coordination;
7. Community Services;
8. Energy Assistance;
9. Employment Related Services;
10. English as a Second Language;
11. Emergency Services;
12. Food Administration;
13. Family Planning;
14. Information and Referral;
15. Job Training;

16. Legal Assistance;
17. On the Job Training;
18. Outreach;
19. Refugee Adjustment;
20. Social Development;
21. Shelter;
22. Transportation;
23. Weatherization; and
24. Vocational Education.

Community Services Integration Project

The Community Services Administration has been administering a special demonstration project involving direct services. It is called the Community Services Integration Project and was conducted in Flagstaff. This was a research project funded by the U.S. Department of Health and Human Services. The Community Services Integration Project observed how case management and service integration impact on low-income, multiple problem families. A control group of families not receiving case management services and an experimental group receiving case management services were being tracked as they go through the service system. The families were surveyed at different intervals to assess what effects case management and service integration have on low-income, multiple problem families. The special project funding ended in March of 1989. A final report of the project effectiveness is due in June of 1989.

INTERAGENCY COORDINATION

Although the Community Services Administration has no formal interagency agreements relating to homeless issues, an effort is made to pass on information to other agencies on homeless issues. The Community Services Administration works closely with service providers to the homeless population. A liaison from the Community Services Administration passes on information received from the federal government and other sources to other state agencies. These agencies include: (1) Department of Education, (2) Department of Health Services, and (3) Department of Commerce. In addition, this liaison works with several committees on the homeless in Arizona.

LAWS & REGULATIONS

The Community Services Administration is regulated primarily by federal law which is where most of the funding for the Community Services Administration originates. A brief description of federal and state law applicable to CSA's services

to children 0-3 years of age who are developmentally delayed or at risk for developing a handicapped condition and their families follows.

Federal

Social Services Amendments of 1974, P.L. 93-647

These amendments to Title XX of the Social Security Act provide grants to states which assist in furnishing some social services to its residents. The Community Services Administration receives Title XX funds under the Social Services Block Grant Program, now included in the Omnibus Budget Reconciliation Act of 1981 (see below), to assist individuals and families in dealing with crisis situations relating to basic needs such as food, housing, utilities, and emotional needs.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

This legislation included a state block grant program called the Low Income Home Energy Assistance Act. Under this act households with income not exceeding the greater of 150 percent of the federal poverty level or 60 percent of the state's median income were eligible to participate in the program. This program provides direct payments to low-income individuals for the purpose of assisting them in meeting increased home heating costs.

This legislation also created the Community Services Block Grant Program in which grants are authorized to states to ameliorate the causes of poverty in communities within the state. The Community Services Administration receives funding from the Community Services Block Grant Program to provide activities, including planning, to deal with problems causing poverty and to assist the homeless to become self-sufficient.

Temporary Emergency Food Act of 1983, P.L. 98-8

This Act provides funding to public or nonprofit organizations that administer activities and projects providing nutrition assistance to relieve situations of emergency and distress through the provision of food to needy persons, including low-income and unemployed persons. The Community Services Administration receives funding from this Act.

Stewart B. McKinney Homeless Assistance Act, P.L. 100-77

This Act includes entitlement grants to states for the provision of housing, health, food, and employment assistance to the homeless. Allocations are based on a statutory formula based on an objective measure of community need. These include poverty, population,

housing overcrowding, and housing activity. Included in this Act was authorization for a demonstration program to provide housing and supportive services for homeless individuals and families with special needs on a federal level competitive basis.

State

Arizona Revised Statutes Section 41-1954

This statute authorizes the Department of Economic Security to establish an administration which addresses the issue of hunger in Arizona and provides coordination and assistance to public and private nonprofit organizations which aid hungry persons and families throughout the state.

Arizona Revised Statutes Section 41-1981

This statute requires the Director of the Department of Economic Security to establish any special purpose councils as are required by state or federal law, rules or regulations, or determined to be essential to the public's interest. An advisory council on hunger is included in the list of such councils.

FUNDING

Funding for the Community Services Administration and its contractors is available from both federal and state sources. Federal and state laws regulate how the monies are spent. The following is a list of Community Services Administration funding sources.

Federal

Social Services Block Grant

Social Services Block Grant money is used by CSA to assist individuals and families in crisis situations in meeting their basic needs, such as food, housing, utilities, and emotional needs. Included in this are services relating to domestic violence situations.

Community Services Block Grant

This block grant provides funding to assist states in ameliorating the causes of poverty in their communities. Funding from this grant is used by CSA to provide activities including planning to deal with problems causing poverty and in the Emergency Homeless Program which helps homeless individuals and families to become more self-sufficient.

The Low Income Home Energy Assistance Act

Funding under this act is used in CSA's Low Income Home Energy Assistance Program which provides assistance with utilities and home weatherization.

Temporary Emergency Food Assistance Act of 1983

The Community Services Administration received funding under this act to provide administrative funds to store and distribute federal surplus commodities through the Arizona food banking system.

Steward B. McKinney Homeless Act

The Community Services Administration receives funding through this act for the Emergency Shelter Grants Program which provides renovation, operating costs, and supportive services for homeless shelters.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the state general fund. A certain amount of that money is earmarked in the budget to go to the Community Services Administration.

ADVISORY COUNCILS

Advisory Council On Hunger

Arizona Revised Statutes Section 41-1931 requires the Director of Economic Security to establish a special purpose Council on Hunger. This council provides assessment of hunger needs in Arizona, information on food banking resources, and assists in the development of rural food banks. Members of the Council are appointed by the Director of the Department of Economic Security.

Community Service Block Grant Advisory Councils

The Community Services Block Grant program requires that each individual provider receiving Community Services Block Grant money from the Community Services Administration must have their own advisory councils.

FAMILY ASSISTANCE ADMINISTRATION

MISSION

The Family Assistance Administration strives to support families in meeting their basic needs through economic assistance and to assist families to become more self-sufficient.

STRUCTURE

The Family Assistance Administration (FAA) is located in the Department of Economic Security, Division of Family Support. The Administration is supervised by a program administrator who reports to the Assistant Director of the Division of Family Support. The Director of the Department of Economic Security has ultimate authority over the Family Assistance Administration.

Programs administered by the Family Assistance Administration which could impact on children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families include: (1) Aid to Families with Dependent Children, (2) General Assistance (3) Emergency Assistance, and (4) Food Stamps. These programs are discussed in detail throughout this policy analysis.

ELIGIBILITY

Separate eligibility requirements exist for each of the four programs administered by the Family Assistance Administration: (1) AFDC, (2) General Assistance, (3) Emergency Assistance, and (4) Food Stamps. Eligibility criteria for each of these programs are described below.

Aid to Families with Dependent Children (AFDC)

All individuals receiving AFDC must be U.S. citizens or aliens lawfully admitted for residence in the United States and must be a resident of the state of Arizona. All individuals requesting AFDC must provide or apply for a Social Security number. Eligible persons include: (1) dependent children under 18 years of age, or if 18, who are full-time students expected to graduate by age 19, (2) parents or a specified relative of a dependent child who has the dependent child living with them, and (3) eligible women in the last trimester of pregnancy. To be eligible to receive AFDC benefits a dependent child must also meet a deprivation requirement. This means that the child is deprived of support and care of a natural

or adoptive parent due to death, physical or mental incapacity of the parent, or the parent's continued absence from the home.

In addition, eligibility depends on certain income and resource requirements. Gross monthly income can not exceed 185% of the standard of need, and gross income after disregard of exempt income can not exceed the maximum payment. The maximum payment is \$173.00 for one person with an addition of \$60.00 per month for each additional household member (i.e., \$353.00 for a family of four). In determining resource criteria, homestead property is exempt if occupied by the family. One vehicle is exempt if the equity value is \$1,500 or less. The amount over \$1,500 is considered a resource. Other resources and property can not add up to more than \$1,000 in value. A transfer of resources to qualify for AFDC may render a family ineligible for assistance. Every recipient over 16 years of age is required to register for work or training preparatory to employment, unless determined to be exempt.

General Assistance

All individuals receiving general assistance must be U.S. citizens or aliens lawfully admitted for residence in the United States and must be a resident of the state of Arizona. Individuals must be determined unemployable by the state department to be eligible for general assistance. An inmate of or one being maintained by any municipal, county, state, or federal institution is not eligible to receive assistance. Certain resource criteria must also be met to be eligible for general assistance. Resources can not exceed the following:

1. Household furnishings used by the recipient and his family in his usual place of residence;
2. Wearing apparel and necessary personal effects;
3. A home in which the recipient resides and the land immediately adjacent to it and in which the recipient has an equity value not in excess of \$50,000;
4. An automobile in which the recipient has an equity value of \$1,500 or less, except that if such value exceeds \$1,200, the excess value shall be counted against the other property or assets specified below;
5. Other personal property or assets having a total gross market value of \$1,000 for a single recipient or \$1,400 for a recipient and spouse, or two or more recipients in a single household;
6. Tools of his trade.

In addition, an individual is not eligible for general assistance if, within one year prior to application, or while a recipient, the individual transferred or assigned real or personal property with the intent to render himself eligible or with the intent to increase his need for assistance. Where fair consideration for the property was received, no inquiry into motive is necessary.

Emergency Assistance

Emergency assistance is provided to persons or families with little or no income who are in immediate need. Emergency assistance is usually granted to a disabled person or to families with dependent children. Assistance may be granted to persons who are not resident of Arizona wishing to return to their former place of residence.

Food Stamps

Individuals receiving food stamps must be U.S. citizens or aliens lawfully admitted for residence in the United States and must be a resident of the project area in which they are applying. All members of a household applying for the Food Stamp Program must provide or apply for a Social security number. For purposes of the Food Stamp Program, a household is defined as all persons who reside and buy and prepare food together. Persons who live with others but buy and prepare meals separately may be a separate household, except for children under 18 years of age, spouses, parents and children, or siblings, unless at least one parent or sibling is elderly or disabled or has a minor child. Students between the ages of 18 and 60, not disabled, and enrolled at least half-time in an institution of post secondary education, will be eligible only if at least one of the following criteria is met:

1. Is employed a minimum of 20 hours per week;
2. Participates in a federally financed work study program during the regular school year;
3. Is receiving benefits from the AFDC program;
4. Is responsible for one or more dependents under age or aged 6-12 years where adequate child care is not available; and
5. Is participating in a program under the Job Training Partnership Act.

In addition to the above requirements, all households receiving food stamps must meet income and resource requirements. Income requirements at this time are slightly below the Federal Poverty Level. The net annual income for an individual can not exceed \$5,508 and for a family of four can not exceed \$11,208 to qualify for the Food Stamp Program. The income requirements are based on the number of members in the household. Resource requirements include a maximum of \$3,000 for households containing at least one person who is age 60 or older, and a maximum of \$2,000 for all other households. A household can be found ineligible for the Food Stamp Program if they transfer resources to qualify for food stamps. In addition, household members aged 16-60 years of age must register for work and accept suitable employment unless the state finds them exempt.

SERVICES

As stated earlier, the Family Assistance Administration consists of four programs which provide services to children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families. Each of these programs provide certain services. The programs and their services are described in the following section.

Aid to Families with Dependent Children (AFDC)

Aid to Families with Dependent Children provides cash assistance to parents or specified relatives in providing proper care for minor children when it is impossible for the family to do so by its own efforts. Each household receiving AFDC must meet specific eligibility criteria which is described in an earlier section of this analysis entitled "Eligibility".

Applications for AFDC can be made at the local offices of the Department of Economic Security. Applications must be approved or denied within 45 days. At that time, a decision notice stating whether or not the household is eligible and the amount of payment will be mailed to the household. If an individual is denied a right to apply for benefits, disagrees with the reason the application is denied, or feels the Department of Economic Security has not taken action on an application within the appropriate time frames, he or she has the right to appeal and may request a fair hearing. To appeal, the request for hearing must be in writing and postmarked no later than 20 days from the date of the decision notice.

Once an applicant is determined eligible for AFDC, he or she must report all changes in household circumstances. These changes include: (1) moving with a change of rent or utilities payment, (2) anyone in the household quitting or getting a job, (3) any change in income from alimony, support, social security, gifts, etc., (4) any change in the size of the household, (5) any change in school attendance by a child in the household, and (6) any change in resources. In addition, any child support received directly by the household must be turned over to the Department of Economic Security.

An optional program for two-parent households entitled AFDC-UP will be made mandatory for all states effective October 1, 1990. This program provides AFDC benefits to two-parent households in which the principal wage earner is unemployed. The designated unemployed parent must meet all of the following requirements:

1. Employed less than 100 hours a month or is employed over the 100 hours, but the excess is of a temporary intermittent nature;
2. Has met the definition of unemployment for a least 30 days prior to receipt of assistance;

3. Has not turned down a bonafide offer of employment or training within 30 days prior to receipt of assistance;
4. Must have worked 6 or more quarters within any 15-calendar quarter period ending within one year prior to application OR received or was eligible to receive unemployment compensation within one year prior to application (a quarter of work is any 3 consecutive calendar months in which the wage earner earned at least \$50);
5. Must register for the work incentive program;
6. Must file an application for unemployment compensation; and
7. Must participate in a program of employment search.

In addition, any family receiving AFDC is automatically eligible for Arizona Health Care Cost Containment System (AHCCCS) services. AHCCCS eligibility is automatically communicated to the AHCCCS administration by the Department of Economic Security.

General Assistance

General Assistance provides cash assistance to persons who are determined by the State Department to be unemployable. Each individual receiving general assistance must meet certain eligibility criteria which is described in an earlier section of this analysis entitled "Eligibility".

Applications for general assistance can be made at the local office of the Department of Economic Security. Applications must be approved or denied within 60 days. At that time a decision notice is mailed to the individual indicating whether or not he or she is eligible and the amount. Appeals of the decision can be made by requesting a hearing in writing postmarked no later than 20 days from the date of the decision notice. Once the applicant is determined eligible for benefits, all changes, such as income, housing costs, and household composition, must be reported to the Department of Economic Security by the 5th day of the month following the month in which the change occurs.

Emergency Assistance

Emergency assistance is provided to intact families with children threatened by destitution. Criteria for emergency needs include: (1) eviction or foreclosure, (2) utility shutoff, (3) emergency travel, (4) natural disasters, and (5) temporary lodging. Emergency assistance is furnished for a period not in excess of 30 days in any 12-month period. Applications for emergency assistance can be made at the local office of the Department of Economic Security.

Food Stamp Program

The purpose of the Food Stamp Program is to promote the general welfare and to safeguard the health and well-being of the population by raising the levels of nutrition among low-income households. All recipients of food stamps must meet specific eligibility criteria which is described in an earlier section of this analysis entitled "Eligibility".

Applications for the Food Stamp Program can be made at the local office of the Department of Economic Security. Applications for food stamps must be approved or denied within 30 days. At this time, a decision notice is mailed to the household indicating whether or not the household is eligible and the amount of food stamps that will be received. To appeal a decision for the Food Stamp Program, a hearing can be requested by calling or writing the local Department of Economic Security office within 90 days from the date of the decision notice or at any time there is a disagreement with the amount of benefits received. Once an applicant is approved to receive food stamps, all changes in household composition, income, resources or assets, and household expenses must be reported within 10 days after the change occurs.

In addition, any child under 14 years of age who is also a recipient of the Federal Food Stamp Program is automatically eligible to receive Arizona Health Care Cost Containment System (AHCCCS) services. AHCCCS eligibility is automatically communicated to the AHCCCS Administration for the applicant by the Department of Economic Security.

INTERAGENCY COORDINATION

The Family Assistance Administration coordinates some of its activities with other administrations within the Department of Economic Security as well as with other state agencies. A brief description of this coordination is described below.

1. Child Support Enforcement Administration

The Child Support Enforcement Administration is also located within the Department of Economic Security, Division of Family Support. Families receiving Aid to Families with Dependent Children are automatically referred to the Child Support Enforcement Administration to assist in identifying and seeking support from an absent parent.

2. Arizona Health Care Cost Containment System (AHCCCS)

Families receiving Aid to Families with Dependent Children through the Family Assistance Administration of the Department of Economic Security are automatically eligible for AHCCCS services. Also, children under 14 years of age in a household receiving food stamps are also automatically eligible for AHCCCS services. This eligibility is automatically communicated

to the AHCCCS administration by the Department of Economic Security pursuant to a formal agreement between the two agencies.

LAWS & REGULATIONS

The Family Assistance Administration provides both federal and state assistance programs to Arizona residents. These programs are established and regulated by federal as well as state law. A brief description of this legislation follows.

Federal

Social Security Act of 1935, P.L. 74-271

Title IV-A of the Social Security Act includes grant programs to states for aid to dependent children and their families. The stated purpose of these programs is to encourage the care of dependent children in their homes or in the homes of relatives by enabling each state to furnish financial assistance, rehabilitation, and other services to needy dependent children and the parents or relatives with whom they are living to attain or retain capability for the maximum self-support and personal independence consistent with the maintenance of continuing parental care and protection. The only program in Arizona under Title IV-A Aid to Families with Dependent Children (AFDC).

Although there have been numerous amendments to the Social Security Act since 1935, these amendments have not substantially changed Title IV-A grants. Most of the changes within Title IV-A have been in dollar amounts of grants and changes in wording.

Food Stamp Act of 1964, P.L. 88-525

This Act refined a pilot project which provided food stamp coupons to low-income families in needy areas of the country who otherwise would not be able to purchase adequate quantities of food.

Food Stamp Amendments of 1973, P.L. 93-86

In these amendments, Congress mandated that food stamps be made available to all areas of the country and mandated a conversion from other federal food distribution programs to food stamps.

Food Stamp Act of 1977, P.L. 95-113

This Act revised the Food Stamp Program to authorize the issuance of stamps at no cost to eligible individuals and families with national uniform standards of eligibility. The Act also permitted some public

assistance offices to determine client eligibility for food stamps. Specifically, food stamp eligibility and eligibility for Aid to Families with Dependent Children could be determined in one interview.

Food Stamp Amendments of 1979, P.L. 96-58

These amendments authorized, for the first time, food stamps for residents of community living arrangements for blind and disabled persons, by redefining "eligible households". In addition, the program's spending level was increased.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

Included in this Act was a provision to liberalize medical expense deductions for the disabled and elderly in determining eligibility for food stamps.

This Act also created Title IV-C of the Social Security Act which initiated a work incentive demonstration program allowing states who wish to participate to operate a work incentive program in the state with the assistance of federal grant money. This program requires persons eligible for Aid to Families with Dependent Children to participate in the work incentive demonstration program.

Food Security Act of 1985, P.L. 99-198

This Act expanded the definition of "disabled" to include SSI recipients and those receiving other government disability benefits.

Omnibus Drug Enforcement Education and Control Act of 1986, P.L. 99-470

Under this Act the Social Security Act was amended to require the development of a procedure whereby individuals can apply for food stamps and Supplemental Security Income (SSI) benefits on the same application prior to their release from a public institution.

Family Support Act of 1988, P.L. 100-485

This Act revised the AFDC program to emphasize work, child support, and family benefits and to amend Title IV of the Social Security Act to encourage and assist needy children and parents under the new program to obtain the education, training, and employment needed to avoid long-term welfare dependence, and to make other necessary improvements to assure that the new program will be more effective in achieving its objectives. Portions of this Act particularly relevant to this policy analysis include the following:

1. A Job Opportunities and Basic Skills Training program including education, employment, and job training services is included in the Act. Parents receiving Aid to Families with Dependent Children with children above age 3 are required to enroll in the program (exceptions

based on illness, and incapacitation are provided). States are required to provide for day care, transportation, and other services which are necessary for participation in the program. These costs are eligible for Federal reimbursement. Although the mandatory implementation date of this program is October 1, 1990, states may implement this program as early as July 1, 1989.

2. Also included is child care for each family receiving AFDC with a child requiring such care during parent participation in employment, education, and training. When a state agency arranges for child care, it must take into account the individual needs of the child. In addition, states are required to provide transitional child care benefits for one year for those who are no longer eligible for AFDC benefits as a result of increased hours of work or income from employment. Families will be required to contribute to such child care in accordance with a sliding scale formula established by the state agency based on a family's ability to pay. The effective date of this section is April 1, 1990.
3. A six month extension of Medicaid (or AHCCCS) coverage to families who received AFDC, but are no longer eligible for AFDC benefits as a result of increased hours of work or income from employment through a qualified work program is also included in the Act. This extension applies to such families who continue to have a dependent child in the home and shall terminate at the close of the first month in which the family ceases to have a dependent child. During the six month extension the scope of medical coverage shall be the same as if the family was receiving AFDC. An additional six month extension must be offered to an eligible family that has received such medical assistance for the entire previous six months. These amendments become effective April 1, 1990.
4. States will be required to provide aid to two-parent families with dependent children when the principal earner is unemployed. The states will have some discretion in setting up their programs; however, one parent will be required to engage in intensive job search and work 16 hours per week in a community service

program. These amendments become effective October 1, 1990.

5. States have the option of implementing a program in which any individual under 18 years of age who has never been married and who has a dependent child in his or her care or is pregnant and is eligible for AFDC may receive AFDC only if such individual and child reside in a place of residence maintained by a parent, legal guardian, or other adult relative, or reside in a foster home, maternity home, or other adult-supervised supportive living arrangement and such aid shall be provided to the parent, legal guardian, or other adult relative on behalf of such individual and child. This section makes exceptions for minors without parents or legal guardians, or whose parent or legal guardian will not allow the individual to live with them and for other reasonable situations. The effective date of these amendments is the first day of the first calendar quarter to begin one year or more after the date of the enactment of this Act (October 13, 1988).
6. This Act also repeals Title IV-C of the Social Security Act, the Work Incentive Demonstration Programs.

State

Arizona Revised Statutes Section 41-1954 (A)(1)(c)

This statute authorizes the Department of Economic Security to administer programs for income maintenance including categorical assistance programs, and grants to states for aid and services to needy families with children under Title IV of the Social Security Act.

Arizona Revised Statutes Section 46-231 through 46-237

These statutes regulate general assistance in the state of Arizona including administration and eligibility requirements.

Arizona Revised Statutes Section 46-291 through 46-295

These statutes regulate assistance to dependent children in the state of Arizona including administration and eligibility.

Arizona Administrative Code R6-3-401 through R6-3-432

These administrative rules regulate Aid to Families with Dependent Children (AFDC).

Arizona Administrative Code R6-3-701 through R6-3-808

These administrative rules regulate General Assistance and Emergency Assistance in Arizona.

Arizona Administrative Code R6-3-1901 through R6-3-2320

These administrative rules regulate the food stamp program in Arizona.

FUNDING

The Family Assistance Administration receives funding from both federal and state sources. Federal and state legislation controls the amount of money received as well as the way it can be spent. A brief description of these funding sources follows.

Federal

Food Stamp Act of 1977

Under this Act, states receive federal dollars to fund the cost of the food stamp program. Federal funding provides 100% of the program dollars while states must pay 25% of the administrative costs for the program on reservations and 50% of the administrative costs for off reservation programs.

Title IV-A of the Social Security Act

Arizona receives funding under this Title for Aid to Families with Dependent Children (AFDC). Federal funding provides 92.4% of the program dollars on the reservations and 62.04% of the program dollars for off reservation programs. Federal funding provides 50% of the administrative costs of AFDC both on and off the reservation.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the state general fund each year. The legislature earmarks some of this money for the Family Assistance Administration and its programs. This money provides 100% of the funding for the general assistance and the emergency assistance program. It also pays for the rest of the costs for the programs within the Family Assistance Administration.

ADVISORY COUNCILS

Economic Security Council

This Council is statutorily mandated and is established by the Director of the Department of Economic Security. The Council advises the governor and the Department of Economic Security on the needs of the state with respect to manpower, economic security, social welfare, and vocational rehabilitation.

DIVISION OF SOCIAL SERVICES

71

75

ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES

MISSION

Child Protective Services

Child Protective Services is based in philosophy and law on the premise that children have a right to be protected from abuse, neglect, abandonment, and exploitation, especially by their parents and/or caretakers. Children should be maintained in their own homes, if at all possible, with all reasonable efforts made to prevent removal from the home.

Goals

1. *To provide an effective statewide system of services in order to safeguard the well-being and development of endangered children;*
2. *To preserve and stabilize family life, whenever possible and appropriate;*
3. *To establish fair and equitable procedures, according to due process of law, when intervention in family life is necessary;*
4. *To achieve a balance between the legal rights of parents and the needs and rights of children so that they can live in a physically and emotionally healthful environment;*
5. *To integrate in practice a knowledge and appreciation of the various ethnic, cultural, and historical contributions of the variety of people who are served in Arizona;*
6. *To establish an effective system of protecting children who live in public and private residential agencies and institutions from injury and harm;*
7. *To facilitate coordination with community agencies and individuals in the pursuit of the purpose of Child Protective Services;*
8. *To assist in the development of training programs for all levels of staff involved in Child Protective Services program delivery; and*

9. *To develop an ongoing self-evaluation and monitoring system to ensure the effective implementation of a statewide program in Arizona, consistent with the Child Protective Services laws, rules, and instructions.*

Foster Care Services

The Foster Care Program shall enable children who can not remain in their own homes to receive care, protection, and training in a substitute living arrangement and shall develop a permanent plan for the children within the program.

Goals

1. *To ensure that reasonable efforts be made to prevent placement of children;*
2. *To ensure that reasonable efforts be made to reunite children with their parents;*
3. *To ensure that case plans for each child are designed to achieve placement in the least restrictive setting, in close proximity to the parents' home and consistent with the best interest and special needs of the child; and*
4. *To ensure that an appropriate case plan is developed for the permanent placement of each child.*

STRUCTURE

The Administration for Children, Youth and Families (ACYF) is located within the Department of Economic Security, Division of Social Services. The Administration for Children, Youth and Families is overseen by a program administrator who reports to the Assistant Director of the Division of Social Services. The Director of the Department of Economic Security has ultimate authority over the Administration for Children, Youth and Families.

ACYF impacts on children from 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition primarily through the provision of: (1) Child Protective Services, and (2) Foster Care Services. These two aspects of the Administration for Children, Youth and Families are the focus of this analysis.

ELIGIBILITY

Child Protective Services

All children present in the state of Arizona, whether they are citizens or aliens, are entitled to Child Protective Services without regard to income.

Foster Care Services

In order to be eligible to receive foster care services, a child must be under 18 years of age and either adjudicated to be a ward of the court in need of care and/or treatment or be included in a voluntary foster placement agreement. Persons under 21 years of age who were placed in a foster family home or institution prior to the age of 18 are eligible to receive foster care services (on a voluntary basis only) if they are currently enrolled in and regularly attending any high school. Responsibility for children who are developmentally disabled and determined as eligible for developmental disabilities services by the Division of Developmental Disabilities (DDD) shall be referred appropriately to that Division for foster care services.

SERVICES

Child Protective Services

Services offered through Child Protective Services include the following:

1. Receiving and screening reports of allegations of abuse, neglect, abandonment, or exploitation of children on a twenty-four hour, seven day-a-week basis;
2. Initiating and completing prompt and thorough investigations as assigned, to determine if abuse, neglect, dependency, or exploitation of children exist;
3. Assessing the risk of abuse, neglect, dependency, or exploitation if the child remains in the current living situation;
4. Providing pre-placement preventive and unification services to stabilize and preserve family life when conditions of abuse, neglect, or exploitation may/do exist;

5. Arranging and providing for special services as necessary and appropriate to the situation;
6. Offering preventive and rehabilitative services and encouraging and assisting the family or other caretakers to use appropriate community resources in resolution of presenting problems;
7. Keeping children in current living situations when non-imminent danger to their health or safety is found;
8. Providing protection to children through out-of-home placements whenever necessary for their health and safety;
9. Returning children to the family or other living situations if appropriate as soon as no substantial threat to their health and safety exist;
10. Providing continuing services as appropriate and necessary to prevent further abuse, neglect, dependency, or exploitation of the child.

In addition, a Child Protective Services Central Registry is available as mandated by Arizona Revised Statute Section 8-546.03. The Central Registry is available to determine:

1. If a child, family, and/or perpetrator has been known or has received services in a different district or area of the state than the one in which the report originates;
2. Patterns of reports concerning individual children and families, which is significant information in assessing risk to the child;
3. The nature and extent of abuse and neglect in Arizona;
4. Statewide statistical and demographic information concerning trends and patterns of child abuse, neglect, abandonment, and exploitation in Arizona;
5. A comparison of Arizona's statistical information with comparable national data;
6. Administrative review, evaluation, planning and budgeting for the Child Protective Services program; and
7. Planning and programming for preventive services.

Foster Care Services

Foster Care Services offered by the Administration for Children, Youth and Families include:

1. The selection of appropriate Foster Care facilities;
2. The placement and supervision of children in Foster Care facilities;
3. The preparation of necessary court documents to obtain custody, and provision of court testimony as required;
4. The provision of casework services to foster children and their natural parents or guardians;
5. The provision of special services by trained foster parents for children with identified special needs;
6. The development and implementation of a treatment plan to deal with factors which inhibit a child's return to its natural home;
7. The development of a plan for long-term Foster Care or adoptive placement when return to natural parents is not feasible;
8. The provision of funds for the purchase of clothing and other personal needs for foster children;
9. The provision of funds for school books, supplies, and other expenses for foster children in educational facilities above the elementary level; and
10. The purchase of comprehensive medical and dental services and psychological and psychiatric services including educational evaluation as needed for children in Foster Care.

In addition, the Administration for Children, Youth and Families administers the Title IV-E Adoption Subsidy program in the State of Arizona. This is a federal program under the Social Security Act which provides grants to states to meet adoption subsidy costs for children with special needs, including children with handicapping conditions.

Medical Services For Foster Care Children

Medical services for Foster Care Children are provided through one of two programs: (1) the Comprehensive Medical/Dental Program for Foster Children (CMDP) and, (2) the Arizona Health Care Cost Containment System (AHCCCS).

1. Comprehensive Medical/Dental Program for Foster Children

The Comprehensive Medical/Dental Program for Foster Children pays for foster children placed in a licensed foster home or a licensed child welfare agency which includes regular and special foster homes, receiving and shelter care homes and facilities, respite care, community group homes and group care agencies, and certain types of institutional facilities.

2. Arizona Health Care Cost Containment System (AHCCCS)

Foster children eligible for AHCCCS coverage are as follows:

1. Foster children in receipt of an Aid To Families with Dependent Children-Foster Care (AFDC-FC) payment. This is a foster care maintenance payment program which provides federal matching dollars to states for children in foster care and adoption placement who meet AFDC eligibility requirements relating to their placement in foster care and the financial situation of the home from which they were removed. These eligibility requirements include income and resource requirements and the child must be deprived of a parent's support.
2. Foster children who are recipients of Supplemental Social Security Income benefits. Any foster child receiving SSI benefits is eligible for AHCCCS.
3. Title IV-E (AFDC/FC or SSI) Adoption Subsidy children. Children who qualify for adoption subsidies under Title IV-E of the Social Security Act are eligible for AHCCCS services. To be eligible for Title IV-E Adoption Subsidy, the child must have been AFDC-FC or SSI eligible (see above) at the time the adoption proceedings were initiated.
4. Ribicoff foster care children. These are children in foster care who are under 18 years of age who meet AFDC income and resource criteria. Only income and resources available to the child are considered and the child does not have to be deprived of a parent's support in order to qualify as in the AFDC/FC program.

Provision of Child Welfare Services to Indian Children

The Indian Child Welfare Act controls the procedure for the provision of child welfare services to Indian Children. The Indian Child Welfare Act was passed in order to protect the best interests of Indian children and to promote the stability and security of Indian tribes and families. In Arizona, an Indian tribal court has exclusive jurisdiction over any state court when a child resides on the reservation. If a child is a ward of a tribal court, that court retains jurisdiction on or off the reservation. When a child resides off the reservation and if the state court has custody, the tribe may petition the state court to transfer the case to the tribal court. Even if the tribal court chooses not to assume jurisdiction, they may retain the right to intervene in the case at any time (which means that they may be kept informed of the child's progress) or to attend any court proceedings.

INTERAGENCY COORDINATION

The Administration for Children, Youth and Families coordinates its activities with other Divisions and Administrations within the Department of Economic Security as well as with other state agencies. A brief description of this coordination follows.

1. Comprehensive Medical/Dental Program for Foster Children (CMDP)

The Comprehensive Medical/Dental Program is also located within the Department of Economic Security, Division of Social Services. The Comprehensive Medical/Dental Program provides payments for medical services for children placed within a licensed foster home or welfare agency.

2. Aging and Adult Administration (AAA)

The Aging and Adult Administration is also located within the Department of Economic Security, Division of Social Services. The Administration for Children, Youth and Families assists the Foster Grandparent Program in identifying eligible children to participate in the program and in identifying potential volunteer stations.

3. Child Support Enforcement Administration (CSEA)

The Child Support Enforcement Administration is located within the Department of Economic Security, Division of Family Support. Families receiving federally assisted foster care through ACYF are automatically referred to the Child Support Enforcement Administration for services in regard to: (1) locating absent parents, (2) establishing paternity for children born out of wedlock, (3)

establishing support obligations, (4) enforcing support obligations, and/or (5) collecting support payments.

4. Division of Developmental Disabilities (DDD)

The Division of Developmental Disabilities is also located within the Department of Economic Security. Children in ACYF foster care who appear to meet the Division of Developmental Disabilities criteria are referred to the Division for a determination on eligibility. Responsibility for eligible children is then transferred to the Division of Developmental Disabilities which is then responsible for all aspects of the case.

5. Arizona Health Care Cost Containment System (AHCCCS)

The Arizona Health Care Cost Containment System reimburses the Department of Economic Security for covered medical services provided to AHCCCS eligible foster children through the Comprehensive Medical/Dental Program for Foster Children. The Department of Economic Security pays the providers for those services and AHCCCS then reimburses the Department of Economic Security.

LAWS & REGULATIONS

The Administration for Children, Youth and Families is authorized and regulated by federal as well as state law. This legislation controls the services offered by ACYF and their funding sources. A brief description of applicable federal and state law follows.

Federal

Social Security Act of 1935, P.L. 74-271

The original Social Security Act included grant programs for child welfare services under Title IV-B. Such programs included provisions to support services for children in predominantly rural areas and other areas of special need.

Social Security Act Amendments of 1967, P.L. 90-248

These amendments provided for a program of formula grants under Title IV-B of the Act to designated state agencies for the provision of child welfare services. These Title IV-B grants can be used for the cost of: (1) personnel to provide protective services to children, (2) licensing of and standard-setting for private child care agencies and institutions, and (3) providing homemaker services, return of runaway children and prevention and reunification services.

Social Security Act Amendments of 1972, P.L. 92-603

The amendments were aimed at expanding foster care and preventing the removal of children from their families through increased federal funding. The amendments also authorized using the increased funding for adoption services, including activities to increase adoptions of hard-to-place children.

Child Abuse Prevention and Treatment Act of 1974,
P.L. 93-247

This Act established the National Center on Child Abuse and Neglect. It also lists the functions of the Center as: (1) to provide an annual research summary of recently conducted and currently conducted research on child abuse and neglect, (2) to provide an information clearinghouse, (3) to provide training materials for personnel who are engaged in the prevention, identification, and treatment of child abuse and neglect, (4) to provide technical assistance to public and nonprofit private agencies to assist them in programs relating to the prevention, identification, and treatment of child abuse and neglect, (5) to perform research into causes, prevention, identification, and treatment of child abuse and neglect, (6) to conduct a national study of the incidence of child abuse and neglect, and (7) to prepare a comprehensive plan for the prevention of child abuse and neglect.

Child Abuse Prevention and Treatment and Adoption Reform Act of 1978,
P.L. 95-266

Through this Act, child abuse prevention and treatment programs were extended through 1981 and adoption programs aimed at children, including children with handicaps in institutions and foster care homes were authorized.

Indian Child Welfare Act of 1978, P.L. 95-608

This Act established minimum federal standards for the removal of Indian children from their families and the placement of such children in foster or adoptive homes which would reflect the unique values of Indian culture. It also made provisions for assistance to Indian tribes in the operation of child and family service programs.

Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272

This Act revised the allotment base and the necessary qualifications for Title IV-B grants. This Act also established a new Title IV-E to the Social Security Act which authorizes federal grants to states to assist in meeting adoption subsidy costs for children with special needs, including children with handicapping conditions.

Child Abuse Prevention, and Treatment Act Amendments of 1984, P.L. 98-457

These amendments extended the original Act and included a provision intended to prevent the withholding of medically indicated treatment from infants born with mental or physical impairments. These amendments also authorized project grants to provide information and training for professionals and parents in the provision of services to infants with disabilities or life-threatening conditions and to assist in obtaining or coordinating necessary services for the families of such infants.

Children's Justice and Assistance Act of 1986, P.L. 99-401

This Act was intended to amend the Child Abuse Prevention and Treatment Act to establish a program to encourage states to enact child protection reforms which are designed to improve legal and administrative proceedings regarding the investigation and prosecution of child abuse cases.

State

Arizona Revised Statutes Section 41-1954(1)(b)

This statute requires the Department of Economic Security to provide services to children, youth and adults and other related functions in furtherance of social service programs under the Social Security Act, Title IV, grants to states for aid and services to needy families with children and for child welfare services.

Arizona Revised Statutes Section 8-501 through Section 8-550.01

These statutes pertain to Foster Care Services and Child Protective Services and include, but are not limited to, licensure of foster care homes, criteria for placement in foster homes, the establishment of a Foster Care Review Board, and the establishment of a Child Protective Service Central Registry.

Arizona Administrative Code, R6-5-55-01 through R6-5-55-28

The administrative rules provide for the provision of Child Protective Services including, but not limited to, goals, definitions, eligibility, and services.

Arizona Administrative Code, R6-5-57-01 through R6-5-57-45

These administrative rules provide for the provision of foster care placement and supervision including, but not limited to, goals, definitions, eligibility, and services.

Arizona Administrative Code, R6-5-5.01 through R6-5-5807

These administrative rules pertain to licensing standards for foster care homes.

FUNDING

The Administration for Children, Youth and Families receives federal as well as state funding for its programs. These sources of funding are briefly described below.

Federal

Title IV-E of the Social Security Act

The Administration for Children, Youth and Families receives Title IV-E money to assist in meeting adoption subsidy costs for children with special needs, including children with handicapping conditions. Children eligible for Title IV-E funds are: (1) children who are eligible for Aid to Families With Dependent Children-Foster Care, Aid to Families with Dependent Children, or (2) children who have special needs, such as a handicap, which makes it reasonable to conclude that they can not be adopted without adoption assistance.

Title IV-B of the Social Security Act

The Administration for Children, Youth and Families receives Title IV-B formula grants for the provision of child welfare services including: (1) personnel to provide protective services to children, (2) licensing of and standard-setting for private child care agencies and institutions, and (3) providing homemaker services, return of runaway children and prevention and reunification services.

Title XX of the Social Security Act

Grants received by ACYF under this Title of the Social Security Act are from the Social Services Block Grant program. This block grant authorizes states to furnish social services to its residents.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the state general fund. A certain amount of that money is earmarked by the state legislature to go to programs within the Administration for Children, Youth and Families.

ADVISORY COUNCILS

Child Protective Services

Child Abuse Prevention Task Force

The mission of this task force is to explore the needs of the community in addressing the issue of child abuse prevention and to make recommendations that would facilitate more effective delivery and coordination of services on a statewide basis. The task force is developing a State Prevention Plan that will be used as a guide for future statewide efforts to combat child abuse. This task force is comprised of approximately forty leaders from both community and state agencies including individuals from the legal profession, law enforcement, judicial system, and community volunteers.

Children's Justice Act Task Force

The mission of the Children's Justice Task Force is to study the federal Children's Justice Act, assess Arizona's compliance with the Act, to make recommendations for Arizona alignment with investigations, and courtroom accommodations and prosecutorial procedures.

Foster Care Services

State Foster Care Review Board

This Board is statutorily mandated by A.R.S. 8-515 and is within the supreme court. The Board is composed of five persons with knowledge of the problems of foster care appointed by the supreme court and the chairmen of the local foster care review boards. The State Foster Care Review Board reviews and makes advisory recommendations of each child adjudicated dependent who has resided in foster care for six months or longer to determine what efforts have been made by the Department of Economic Security or other agencies to carry out the plan for the permanent placement of the child. The State Board also makes recommendations annually to the supreme court, the governor, and the legislature regarding foster care. The State Foster Care Review Board reviews and coordinates the activities of the local foster care review boards.

Local Foster Care Review Boards

These local boards consist of five volunteer citizens appointed by the juvenile court judges in the superior court of each county. These boards are statutorily mandated by A.R.S. 8-515.01. The local foster care review boards review the cases of children in foster care who have been adjudicated dependent in an effort to assist the State Foster Care Review Board.

AGING & ADULT ADMINISTRATION Foster Grandparent Program

MISSION

The purpose of the Foster Grandparent Program is to provide opportunities for low-income persons aged 60 years or over to give supportive person-to-person service in health, education, welfare, or related settings and to help alleviate the physical, mental, or emotional problems of children having exceptional or special needs.

Goals

1. *To enable low-income persons aged 60 and over to remain physically and mentally active and to enhance their self-esteem through continued participation in needed community services; and*
2. *To enable children with either exceptional or special needs to achieve improved physical, mental, emotional, and social development, thereby helping them attain independent living.*

STRUCTURE

The Foster Grandparent Program is administered through the Aging and Adult Administration which is located within the Department of Economic Security, Division of Social Services. The Aging and Adult Administration is overseen by a program administrator who reports to the Assistant Director of the Division of Social Services. The Director of the Department of Economic Security has ultimate authority over the Aging and Adult Administration and the Foster Grandparent Program. Through written agreements, the Aging and Adult Administration contracts with sponsoring agencies for the operation of the Foster Grandparent program.

ELIGIBILITY

Eligibility to participate in the Foster Grandparent Program as a foster grandparent is open to all low-income persons (meaning persons with an annual income of less than 125 percent of the Federal Poverty Level) who are 60 years of age or older. Interested individuals contact the Aging and Adult Administration who volunteer stations may also recruit, interview and select foster grandparents for the project; however, they must be certified and approved by the Foster Grandparents

Program Project Director before they can be enrolled as foster grandparents. The volunteer station and the Foster Grandparent Program Project Director provide 40 hours of orientation and ongoing inservice training that constitutes a minimum of 4 hours per month for each foster grandparent at the volunteer station.

Children are eligible to participate in the Foster Grandparent Program if they are in a health, education, welfare, or related setting and have exceptional or special needs. The terms "children with exceptional needs" and "children with special needs" are described below.

Children with exceptional needs

Children having exceptional needs are those who are developmentally disabled, such as those who are mentally retarded, autistic, have cerebral palsy or epilepsy; are visually handicapped, speech impaired, hearing impaired, orthopedically impaired, multi-handicapped, emotionally disturbed, or have a language disorder, specific learning disability or other significant health impairment. Children in this category include those 0-21 years of age, except for mentally retarded individuals who can continue in the program beyond 21 years of age. Existence of a child's exceptional need shall be verified by an appropriate professional before a Foster Grandparent is assigned to the child.

Children with special needs

Children with special needs include those who are abused or neglected; juveniles; delinquents; runaway youth; certain teen-age parents; and children in need of protective intervention in their homes. Existence of a child's special need shall be verified by an appropriate professional before a Foster Grandparent is assigned to the child.

PROGRAM DESCRIPTION

As stated earlier, the Foster Grandparent Program provides opportunities for low-income persons aged 60 or over to give supportive person-to-person service in health, education, welfare or related settings and to help alleviate the physical, mental, or emotional problems of children having exceptional or special needs. The Foster Grandparent Program pays stipends to foster grandparents to enable them to serve without cost to themselves. The program also pays the cost of an annual physical examination for all foster grandparents. The sponsoring agency provides in-kind money which pays for transportation and one meal per day for each foster grandparent. The Foster Grandparents assist children, including those 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families, by providing the following services under professional supervision:

1. Institutionalized children
Foster grandparents assist in self-care, motor skills, stimulation, and in learning experiences, as well as assisting these children to achieve independent living whenever possible;
2. Children in public schools, state schools, private schools, and alternative schools
Foster grandparents assist with emotional support, individual child counseling, in development of basic learning skills, facilitating children's progress and to help prevent or delay their being placed in an institution;
3. Abused or neglected children
Foster grandparents help to regain stability through contact with older adults who act as adult role models and provide the children with emotional support and empathy.
4. Public agencies and private organizations
Foster grandparents enable public agencies and private organizations to fulfill their legally-defined responsibilities to exceptional children or to children with special needs, and insofar as possible, to the parents of the children.

The Foster Grandparent Program in Arizona has agreements with several volunteer stations throughout the state for the provision of Foster Grandparent Programs. These volunteer stations include the following:

1. Growing Years Preschool (Mesa, Tempe, Apache Junction, Scottsdale)
2. Valley of the Sun Habilitation Center (Phoenix)
3. Chandler Unified School District (Chandler, Gilbert)
4. Via de Amistad (Phoenix, South Phoenix)
5. Pinal County Special Education Services (11 Mile Corner, Eloy, Casa Grande, Picacho, Coolidge, Florence)
6. Arroyo Elementary School (Glendale, Phoenix)
7. Child Development Center (Prescott, Prescott Valley, Chino Valley)
8. Eloy Migrant Head Start Program (Eloy, Picacho, 11 Mile Corner)
9. Cottonwood Head Start Program (Cottonwood, Camp Verde)
10. Northland Crisis Nursery (Flagstaff)
11. Child Crisis Center/East Valley Inc. (Mesa, Tempe, Scottsdale, Chandler, Apache Junction)
12. Florence Elementary School (Florence, Coolidge)
13. Head Start Program located at the Southminster Church (South Phoenix)
14. St. Joseph's Hospital/Children's Health Center (Phoenix, Glendale, South Phoenix)
15. Boy's Club Head Start Program (Yuma, Somerton)

16. Cottonwood Elementary School/West Sedona Elementary School (Cornville, Sedona, West Sedona, Camp Verde, Cottonwood)
17. Arizona Training Program at Coolidge (Coolidge, Florence, El Centro, Casa Grande, Picacho, 11 Mile Corner)

INTERAGENCY COORDINATION

The Aging and Adult Administration coordinates its efforts in the Foster Grandparent Program with other Divisions and Administrations within the Department of Economic Security as well as with other state agencies. A brief description of this coordination follows.

1. Division of Developmental Disabilities (DDD)
The Division of Developmental Disabilities is located within the Department of Economic Security. The Aging and Adult Administration works with the Division of Developmental Disabilities in an effort to recruit eligible foster grandparents and eligible children for the Foster Grandparent Program.
2. Administration for Children, Youth and Families (ACYF)
The Administration on Children, Youth and Families is also located within the Department of Economic Security, Division of Social Services. The Administration on Children, Youth and Families assists the Foster Grandparent Program in identifying eligible children to participate in the program and in identifying potential volunteer stations.
3. Arizona Department of Education (ADE)
The Foster Grandparent Program coordinates with the Department of Education to provide volunteer stations located in local school districts throughout the state of Arizona.
4. Head Start
The Foster Grandparent Program coordinates with various Head Start Programs in Arizona to provide volunteer stations at local Head Start Programs.

LAWS & REGULATIONS

Historically, the Foster Grandparent Program began in August of 1965 as an employment program under the Office of Economic Opportunity. The Foster Grandparent Program is regulated by both federal and state law. A brief description of this federal and state legislation follows.

Federal

Older Americans Act, P.L. 91-69

The Foster Grandparent Program was authorized under this Act in 1967 with the purpose of providing grants to public and nonprofit agencies and organizations to cover up to 90 percent of the costs of developing and operating Foster Grandparent Programs.

Domestic Volunteer Service Act of 1973, P.L. 93-133

This Act consolidated a variety of existing federal voluntary service programs under one statutory authority. It also created an independent federal agency responsible for administering volunteer service programs called the ACTION agency.

Domestic Volunteer Service Act Amendments of 1976, P.L. 94-293

These amendments directed the ACTION agency to allow individuals with mental retardation who were participating in the Foster Grandparent Programs to continue receiving services until after they reached 21 years of age. Private non-profit agencies were given discretion to determine which children should receive services and the length of time they may participate in the Foster Grandparent Program.

Comprehensive Older Americans Act of 1978, P.L. 95-478

This Act extended the Foster Grandparent Program for three years and defined "low-income" to mean persons with annual income of 125 percent or less of the government's poverty index. Prior to this time "low-income persons over 60 years of age" referred to those persons with annual income of 100 percent or less of the government's poverty index.

Domestic Volunteer Service Act Amendments of 1984, P.L. 98-288

Replacement of foster grandparents working with adults who are mentally retarded was permitted under these amendments. Prior to this time, a foster grandparent could continue to serve a person with mental retardation who turned 22, but that foster grandparent could not be replaced by another.

Domestic Volunteer Service Act Amendments of 1986, P.L. 99-551

These amendments authorized non-low income individuals to participate in the Foster Grandparent Program without receiving any stipend except reimbursement for meals, transportation, or out-of-pocket expenses.

State

Arizona Revised Statutes Section 41-1954 (1)(b)

This statute requires the Department of Economic Security to administer programs for individual and family services, including a section on aging. This section is to be administered in furtherance of social service programs under the Social Security Act, the Older Americans Act, and other related federal acts and titles.

FUNDING

The Aging and Adult Administration receives federal funding specifically to fund the Foster Grandparent Program. In addition local matching money is provided by individual volunteer stations. A brief description of funding sources for the Foster Grandparent Program is described below.

Federal

Domestic Volunteer Service Act

The Aging and Adult Administration receives money pursuant to this Act from the ACTION agency to fund the Foster Grandparent Program in Arizona.

Non-Federal

State General Fund

The Department of Economic Security receives allocations from the state legislature for its programs. A portion of this money is earmarked for the Aging and Adult Administration. Although money from the state general fund is not directly used for the Foster Grandparent Program, it does fund some of the administrative costs of the program.

Local Matching Dollars

Each local volunteer station provides some matching funds for the Foster Grandparent Program at their particular station.

ADVISORY COUNCILS

There is currently no Advisory Council for the Aging & Adult Administration.

COMPREHENSIVE MEDICAL/DENTAL PROGRAM FOR FOSTER CHILDREN

MISSION

The Comprehensive Medical/Dental Program for Foster Children (CMDP) provides full coverage of medical and dental treatment, including hospitalization, drugs, and medical supplies to Arizona foster children.

Goal

The goal of the Comprehensive Medical/Dental Program for Foster Children is to provide, in the most cost-effective manner, full coverage for those medical and dental services which are necessary to the achievement and maintenance of an optimal level of physical and mental health for children in foster care.

STRUCTURE

The Comprehensive Medical/Dental Program for Foster Children is located within the Department of Economic Security, Division of Social Services. The program is administered by a Program Administrator who oversees the Medical Review Unit, Claims Processing, Eligibility Verification, Coordination of Benefits, Policy, and Training. The Program Administrator is responsible to the Assistant Director of the Division of Social Services. The Director of the Department of Economic Security has ultimate authority over the program.

The Comprehensive Medical and Dental Program only contracts for the provision of pharmaceutical supplies and durable medical equipment. The remainder of covered health care services may be obtained by foster parents with freedom of choice. These services are reimbursed according to a capped fee-for-service fee schedule. These rates reflect a fee schedule of maximum allowable fees adopted by the Department of Economic Security after appropriate study and analysis of usual and customary fees charged by providers.

ELIGIBILITY

The Comprehensive Medical/Dental Program for Foster Children provides medical and dental care to eligible foster children in the state of Arizona. Eligible foster children are those placed in a licensed foster home or licensed welfare agency by: (1) the Department of Economic Security, (2) the Department of Corrections, or (3) the Juvenile Probation Office. Children placed in a licensed, receiving, foster care facility (shelter care) or those for whom temporary custody has been awarded to the Department, or who are placed in a hospital for care and treatment are also eligible for the program. In addition, children born to an eligible foster child, as described above, shall be eligible for payment of routine newborn care and treatment up to and including the third day of life. This period may be extended where the need is established by the Department of Economic Security. Those children under the age of twenty-one who were placed in a foster family home or institution prior to the age of eighteen, who voluntarily remain in such care and who are currently enrolled in and regularly attending any high school remain eligible for the Comprehensive Medical/Dental Program for Foster Children.

In addition, the Comprehensive Medical/Dental Program is responsible for foster children who have moved out of Arizona to another state. This period of responsibility is limited to a reasonable length of time to allow for the child's foster parent to apply for local medicaid benefits. The Comprehensive Medical/Dental Program will not pay any cost of covered services payable through other federal, state, county or municipal programs to an eligible foster child or payable through a private insurance carrier except for any amount in excess of those payments.

SERVICES

The Comprehensive Medical, Dental Program for Foster Children provides medical and dental care to eligible foster children through the use of health care providers. These providers administer covered services at the rates set in the CMDP fee schedule. The medical/dental provider is prohibited from rendering a bill for the cost of any covered service which exceeds the pre-set rate to the Department of Economic Security or to the foster child, his guardian, his estate, the foster parents, or the natural parents of the child.

Covered Services include, but are not limited to, the following:

Out-Patient Medical Care

1. Developmental Assessments
2. Eyeglasses
3. Laboratory Services

4. Wheelchairs
5. Radiology Services
6. Therapeutic Devices
7. Medically Necessary Out-Patient Orthopedic Devices
Surgery
8. Nursing Home Care
9. Legend & Non-legend Drugs
10. Home Health Care
11. Physical Examinations
12. Speech Therapy
13. Immunizations/Vaccinations
14. Physical Therapy
15. Nutritional Assessments
16. Occupational Therapy
17. Hearing Aids
18. Hearing Examinations
19. Well Baby Health Care
20. Visual Examinations
21. Obstetrical & Gynecological
22. Emergency Ambulance Care
23. Psychological Evaluation Therapy (out-of-state
placements only)
24. Kidney Dialysis
25. Psychiatric Evaluation & Therapy
26. Intermittent Skilled Nursing

In-Patient Medical Services

1. Room & Board Care
2. Psychoeducational Evaluation
3. Operating/Recovery Room
4. Psychological Therapy
5. Anesthesia
6. Nursing Care
7. Medically Necessary Supplies
8. Physiotherapy
9. Surgeon Fees
10. Chemotherapy
11. Laboratory Services
12. Occupational Therapy
13. Radiology Services
14. Psychiatric Evaluation
15. Obstetrics & Gynecology

Dental Care

1. Examinations
2. Radiology Services
- Anesthesia
4. Prophylaxis & Fluoride
5. Amalgams
6. Treatments
7. Endodontics
8. Class II & III Malocclusion
9. Scaling
10. Crowns
11. Retention Appliances
12. Bridges
13. Orthodontia
14. Space Maintainers
15. Extractions
16. Dentures

The Comprehensive Medical/Dental Program also covers extraordinary surgical procedures, such as organ and tissue transplants in those cases where the procedure is considered to be non-experimental in nature and a determination is made that it is medically reasonable and necessary. The determination of medical necessity is made by a Medical Review Board. Coverage will include all necessary services related to the procedure such as organ procurement, surgery, inpatient hospitalization, aftercare, and immune-suppressive drugs. Covered procedures include: (1) liver transplants for children under 18 years of age with extrahepatic biliary atresia or any other form of end-stage liver disease, (2) kidney transplants for children with end-stage renal disease, and (3) other organ transplants on a case by case basis. Specifically excluded from this coverage are liver transplants for children with a malignancy extending beyond the margins of the liver or those with persistent viremia.

Non-Covered Services

1. Care or services not required for the prevention, diagnosis or treatment of a condition, illness or injury;
2. Care provided by individuals who are not properly licensed;
3. Any drugs not prescribed by a licensed physician or dentist;
4. Expenses for cosmetic services or devices that are not required to be performed or supplied for the physical well-being of the child;
5. Expenses for non-spontaneous abortion procedures, abortion referrals to physicians or agencies which offer abortion procedures, or for abortion related counseling. Exceptions to this are pregnancies that endanger the life of the mother as certified by a physician;
6. Expenses for non-voluntary sterilization;

7. Services of naturopaths and chiropractors;
8. Non-medical items such as shampoo, hair cuts, and mouthwash. Dietary formulas are not covered; however, equipment necessary for tube feedings is covered. Diapers are not covered;
9. Outpatient psychological services provided to foster children residing in Arizona; and
10. Services for which no charge would have been rendered in the absence of this program.

INTERAGENCY COORDINATION

The Comprehensive Medical/Dental Program for Foster Children coordinates its activities with other state agencies in an effort to provide full coverage for medical and dental services to children in foster care in the state of Arizona. A description of these agencies and their coordination efforts follows.

1. Administration for Children, Youth and Families (ACYF)
The Administration for Children, Youth and Families is also located within the Department of Economic Security, Division of Social Services, and administers the Federally Assisted Foster Care Program. These foster children are eligible for the Comprehensive Medical/Dental Program for Foster Children.
2. Division of Developmental Disabilities (DDD)
The Division of Developmental Disabilities is located in the Department of Economic Security. The Comprehensive Medical/Dental Program provides medical and dental services to children in Developmental Disabilities foster care.
3. Office of Children's Rehabilitative Services (CRS)
Although there is no formal written agreement between the Department of Economic Security and the Office of Children's Rehabilitative Services, many foster children receive services from both. Covered CRS services to CRS eligible foster children are paid for first by the Office of Children's Rehabilitative Services and any cost in excess of the amount paid by CRS is paid by the Comprehensive Medical/Dental Program for Foster Children.
4. Arizona Health Care Cost Containment System (AHCCCS)
AHCCCS eligible children who are in foster care receive AHCCCS covered services, including Early Periodic Screening Diagnosis and Treatment (EPSDT), through the Comprehensive Medical and Dental Program. The Department of Economic Security pays the providers

for those services and the Arizona Health Care Cost Containment System then reimburses the Department of Economic Security for those services to AHCCCS eligible foster children.

5. Arizona Department of Corrections

The Arizona Department of Corrections, along with the Juvenile Probation Office, notifies the Comprehensive Medical/Dental Program of foster care eligible children who are entitled to health care services through the CMDP.

LAWS & REGULATIONS

The Comprehensive Medical/Dental Program for Foster Children is authorized and regulated solely by state statutes and administrative regulations. A brief description of applicable state law follows.

Federal

None

State

Arizona Revised Statutes Section 8-512

This statute authorizes the Department of Economic Security to establish a comprehensive medical and dental care program for foster children. This statute also addresses eligibility requirements and lists "covered services".

Arizona Administrative Code R6-5-6001 through R6-5-6014

These regulations cover the following aspects of the Comprehensive Medical/Dental Program for Foster Children:

1. objective of the program
2. eligibility criteria
3. covered services
4. limitations on payment
5. coordination of benefits
6. administration of the program

FUNDING

The Comprehensive Medical/Dental Program for Foster Children receives funding from both state and federal sources. A brief description of these funding sources are described below.

Federal

Title XIX of the Social Security Act

The Comprehensive Medical/Dental Program provides medical and dental care to Title XIX (AHCCCS) eligible foster children. The Arizona Health Care Cost Containment System then capitates or reimburses the Department of Economic Security for AHCCCS covered services. The Arizona Health Care Cost Containment System receives a large portion of their funding under Title XIX of the Social Security Act (Medicaid).

In addition, the Comprehensive Medical/Dental Program receives funding under Title XIX through the Arizona Long-Term Care System (ALTCS). The Division of Developmental Disabilities contracts with the CMDP to manage the care of ALTCS eligible foster children.

Non-Federal

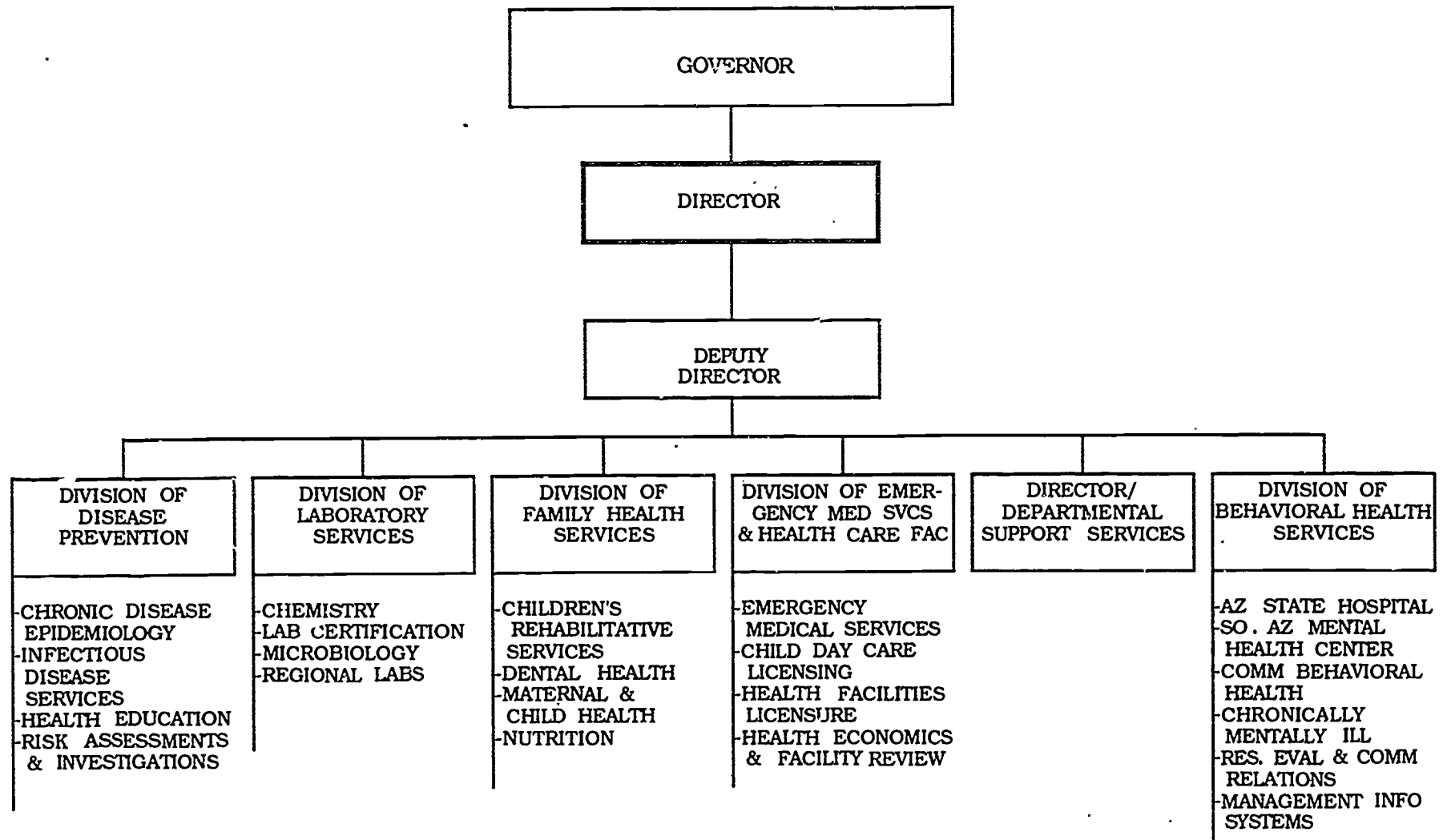
State General Fund

The Department of Economic Security is allocated a certain amount of money each year by the state legislature. A portion of that money is earmarked for the Comprehensive Medical/Dental Program for Foster Children. This is the primary source of money for the Comprehensive Medical/Dental Program.

ADVISORY COUNCILS

There is currently no Advisory Council for the Comprehensive Medical/Dental Program for Foster Children.

ARIZONA DEPARTMENT OF HEALTH SERVICES



SUMMARY MATRIX OF SERVICES BY AGENCY

Department of
Health Services

DIVISION OF FAMILY HEALTH SERVICES

TYPES OF SERVICES

	Division of Behavioral Health *	Division of Disease Prevention Services	Division of Emergency Medical Services and Health Care Facilities	Office of Children's Rehabilitative Services	Office of Dental Health	Office of Maternal and Child Health	Office of Nutrition Services
Adoption							
Advocacy	*	*	*	*	*	*	
Assessment/Evaluation			*		*	*	
Audiological Services			*				
Case Management			*		*		
Child Find/Identification			*		*		
Crisis Intervention							
Day Care							
Dental Services			*				
Employment Assistance							
Family Planning					*		
Family Therapy/Counseling	*		*				
Financial Assistance							
Foster Care							
Genetic Counseling							
Home-Based Intervention					*		
Home Health Care			*				
Homemaker Services							
Legal Services/Action							
Licensing/Regulation		*			*		
Medical Services			*		*		
Nutritional Services			*		*	*	
Occupational Therapy			*				
Parent/Adult Education	*			*	*	*	
Parent Support Groups							
Physical Therapy			*				
Preschool (3-5)							
Prevention Services	*		*		*	*	
Protective Services							
Psychiatric/Psychological Services							
Public Awareness	*		*	*	*	*	
Referral			*		*	*	
Residential Programs (0-3)							
Respite Care							
Screening			*		*	*	
Special Equipment			*				
Speech/Language Therapy			*				
Sibling Support Groups							
Transition Services					*		
Transportation					*		
Vision Testing/Services			*				

*Information was not provided in sufficient detail to complete the matrix.

ARIZONA DEPARTMENT OF HEALTH SERVICES

The Arizona Department of Health Services is mandated to serve the public health needs of all Arizona residents. The Department is organized into five major Divisions. The organizational structure of each Division is divided into Offices which represent major programmatic responsibilities.

The programs within each Division selected for review are those that have a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This review does not necessarily include all of the program activities offered by the Arizona department of Health Services.

TABLE OF CONTENTS

Division of Behavioral Health	
Eligibility	105
Services	105
Division of Disease Prevention Services	
Services	111
Division of Emergency Medical Services and Health Care Facilities	
Services	121
Division of Family Health Services	
Office of Children's Rehabilitative Services	
Eligibility	131
Services	133
Office of Dental Health	
Eligibility	144
Services	145
Office of Maternal and Child Health	
Eligibility	149
Services	150
Office of Nutrition Services	
Eligibility	162
Services	162

ADDRESSES

Department of Health Services
1740 W. Adams
Phoenix, AZ 85007
602-542-1000

Division of Behavioral Health
701 E. Jefferson
Phoenix, AZ 85034
602-542-1213

Division of Disease Prevention Services
3008 N. 3rd Street
Phoenix, AZ 85012
602-230-5802

Division of Emergency Medical Services and Health Care Facilities
701 E. Jefferson
Phoenix, AZ 85034
602-542-1213

Division of Family Health Services
Office of Children's Rehabilitative Services
1740 W. Adams
Phoenix, AZ 85007
602-542-1860

Office of Dental Health
1740 W. Adams, Room 303
Phoenix, AZ 85007
602-542-1866

Office of Maternal and Child Health
1740 W. Adams Street
Phoenix, AZ 85007
602-542-1870

DIVISION OF BEHAVIORAL HEALTH

DIVISION OF BEHAVIORAL HEALTH SERVICES

MISSION

The mission of the Division of Behavioral Health Services is to promote the well-being of persons in Arizona through the provision of quality-oriented, cost-effective behavioral health education, prevention, intervention, and treatment services.

STRUCTURE

The Division of Behavioral Health Services is located within the Department of Health Services. An Assistant Director oversees all of the activities of the Division. There are three service components within the Division of Behavioral Health: (1) Community Behavioral Services, (2) Southern Arizona Mental Health Center, and (3) Arizona State Hospital. In addition, there are two support components: (1) Support Services and (2) Program Evaluation and Information Systems.

ELIGIBILITY

No specific information was made available by the Division of Behavioral Health Services regarding eligibility criteria for programs within the Division of Behavioral Health Services impacting on infants and toddlers who are developmentally delayed or at risk for developing a handicapping condition. Therefore, no eligibility criteria is included in this report.

SERVICES

Neither the Southern Arizona Mental Health Center nor the Arizona State Hospital provides services to children under six years of age. The Office of Community Behavioral Health Services contracts with regional entities as well as sovereign Indian nations to provide a comprehensive program of prevention, intervention, and treatment services for substance abuse, mental illness and domestic violence. The regional entities then contract with public and private, not-for-profit corporations, to provide direct client care to persons with chronic and acute mental disorders, abusing or addicted to alcohol and/or pharmaceuticals or other substances, and victims of domestic violence.

No specific information was made available by the Division of Behavioral Health Services regarding programs for infants and toddlers 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families. Therefore, no further service descriptions are included in this section.

INTERAGENCY COORDINATION

No specific information was made available by the Division of Behavioral Health regarding interagency coordination. Therefore, no information is included in this section.

LAWS & REGULATIONS

The Division of Behavioral Health Services is regulated by both state and federal laws. Since no specific programmatic information was made available from the Division of Behavioral Health Services, a complete description of laws and regulations regarding those programs is not included in this section. However, a cursory listing of relevant laws follows.

Federal

Omnibus Budget Reconciliation Act, P.L. 97-35

The Act created a single block grant program called the Alcohol, Drug Abuse, and Mental Health Services Block Grant. The block grant provides financial assistance to states and territories to support projects for the development of more effective prevention, treatment, and rehabilitation programs and activities to deal with mental illness, alcoholism and drug abuse. Under this block grant, states can provide: (1) services to chronically mentally ill individuals including identification and assistance in obtaining essential services through the assignment of case management, (2) identification and assessment of mentally ill children, adolescents and elderly individuals and the provision of services to these groups, (3) services for identified underserved populations, and (4) coordination of mental health and health care services provided within health care centers.

State

Arizona Revised Statutes, Section 36-3402

This statute establishes the Division of Behavioral Health Services within the Department of Health Services.

Arizona Revised Statutes, Section 36-3421

Pursuant to this statute, the Division of Behavioral Health is mandated to develop and implement a comprehensive behavioral health service system for children to be developed and implemented over a five-year

period ending June 30, 1993. The following shall be included in the system:

1. Annual needs assessment and resource assessment studies;
2. Annual planning to develop policy issues, programs, and services;
3. Community education to increase public awareness of the needs of children;
4. Centralized and coordinated screening and intake;
5. Coordinated case management;
6. A continuum of treatment services which may include the following:
 - (a) Home-based services;
 - (b) Prevention and early intervention;
 - (c) Psychological evaluation and consultation;
 - (d) Ancillary support services;
 - (e) Crisis intervention;
 - (f) Outpatient counseling;
 - (g) Independent living services;
 - (h) Secure residential treatment services for seriously emotionally disturbed children;
 - (i) Residential treatment services for children's substance abuse; and
 - (j) Psychiatric hospitalization services.

FUNDING

The Division of Behavioral Health Services receives both federal and state funds. A brief description of these funding services follows.

Federal

Alcohol, Drug Abuse, and Mental Health Services Block Grant

The Division of Behavioral Health receives federal monies through this block grant to provide services in the state of Arizona.

State

State General Fund

The Department of Health Services receives allocations from the state general fund for its programs and activities. A portion of this money is earmarked for the Division of Behavioral Health.

ADVISORY COUNCILS

The Division of Behavioral Health Services has the following Advisory Councils.

Arizona State Advisory Council on the Chronically Mentally Ill

This council is established by Arizona Revised Statutes Section 36-3406 and consists of the Assistant Director of the Division of Behavioral Health and nine members appointed by the governor. The Advisory Council is mandated to advise the Division of Behavioral Health on matters relating to the chronically mentally ill.

Council on Children's Behavioral Health

This twenty member council is statutorily mandated to develop recommendations for a comprehensive service delivery system for children's behavioral health and review intergovernmental agreements of agencies serving children. Council findings and recommendations shall be sent to the Governor, President of the Senate, and Speaker of the House of Representatives by November 1 of each year.

DIVISION OF DISEASE PREVENTION SERVICES

DIVISION OF DISEASE PREVENTION SERVICES

MISSION

The Division of Disease Prevention Services administers a variety of traditional public health programs, while expanding its research and technical epidemiological capabilities. The Division funds prevention programs that address various public health needs.

Goals

1. *To reduce the incidence of preventable chronic disease;*
2. *To decrease the public risk for diseases transmitted through unsanitary and unhealthy conditions;*
3. *To conduct investigations, inspections, and surveillance related to the health effects of environmental contaminants; and*
4. *To prevent and/or reduce high risk behavior associated with the leading causes of death and disability for Arizona residents by informing the public and promoting good health behavior.*

STRUCTURE

The Division of Disease Prevention Services is located in the Department of Health Services. An Assistant Director oversees all of the activities of the Division. There are four offices within the Division of Disease Prevention Services: (1) Office of Chronic Disease Epidemiology, (2) Office of Infectious Disease Services, (3) Office of Risk Assessments and Investigations, and (4) Office of Health Promotion and Education. Each of these offices has its own programs and activities. However, only some of the programs within each Office impact on children from 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families. These programs will be the focus of this analysis.

SERVICES

As stated earlier, there are four Offices within the Division of Disease Prevention Services: (1) Office of Chronic Disease Epidemiology, (2) Office of Infectious Disease Services, (3) Office of Risk Assessments and Investigations, and (4) Office of Health Promotion and Education. Each of these Offices offer separate services which impact on children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families. These services are discussed below.

Office of Chronic Disease Epidemiology

The Office of Chronic Disease Epidemiology strives to reduce the incidence of preventable chronic diseases. In an effort to attain this goal, the Office administers two programs that could be applicable to children from 0-3 years of age: (1) Birth Defects Monitoring Program, and (2) Drowning Prevention Program.

1. Birth Defects Monitoring Program

This program monitors and documents the occurrence and distribution of infants with birth defects. The data is used to develop strategies to reduce and/or prevent birth defects and still births resulting from environmental and/or maternal risk factors.

2. Drowning Prevention Program

The Office of Chronic Disease Epidemiology has collected data concerning incidents of drowning and near-drowning in an attempt to ascertain the causes of drowning and to reduce such preventable accidents.

Office of Infectious Disease Services

The Office of Infectious Disease Services is composed of a number of specialized programs intended to decrease the public risk for diseases transmitted through unsanitary and unhealthy conditions. Those programs specifically affecting children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition are: (1) AIDS Program, (2) Sanitation Program, and (3) Immunization Program.

1. AIDS Program

The Acquired Immunodeficiency Syndrome (AIDS) Program provides surveillance, information, education, and counseling to AIDS victims. The AIDS Program staff responds to public inquiries, provides specialized counseling and education to persons at risk of acquiring or spreading AIDS infections, and provides technical and risk reduction consultation to health care professionals.

2. Sanitation Program

The Sanitation Program staff conducts inspections of wholesale food establishments, investigates complaints through sanitary inspection and laboratory analysis, and informs the public about contaminated food and protective actions. In addition, the sanitation staff is responsible for inspecting child care agencies, Department of Economic Security foster homes, and some children's camps for health and safety conditions.

3. Immunization

This program supplements the efforts of county health departments, schools, day care centers, Indian Health Service Units, and other public and private health providers to prevent, control and/or eliminate vaccine preventable diseases. This program also works to encourage the implementation of patient recall systems for no less than 70% of all children under the age of 2 years who have received immunization services from public provider clinics.

Office of Health Promotion and Education

The Office of Health Promotion and Education strives to prevent and/or reduce high risk behavior associated with the leading causes of death and disability for Arizona residents. It identifies and works to reduce high risk individual and community health behaviors and conducts statewide health promotion and education activities. The Office provides technical assistance, consultation, training, and materials to local agencies. The Office of Health Promotion and Education serves as a resource and focal point for health education in the Department of Health Services. To accomplish its goal the Office of Health Promotion and Education lists the following objectives:

1. To provide statewide training, consultation, and technical assistance in the planning, implementation and evaluation of health education and health promotion programs;
2. To develop a communications network to inform groups of current health promotion activities in the state;
3. To maintain and disseminate health related audiovisuals and related public health library services to the Department of Health Services and other agencies;
4. To conduct surveys and assessments to identify populations engaged in adverse health behaviors and behavioral risk factors;
5. To develop, disseminate and evaluate public health information and health education; and
6. To participate in the development and maintenance of professional standards and continuing education in health education.

Office of Risk Assessments and Investigations

The Office of Risk Assessments and Investigations provides information and conducts investigations, inspections, and surveillances related to the health effects of environmental contaminants. In 1987, the Office initiated a blood lead screening program which impacts on children from 0-3 years of age.

Blood Lead Screening Program

A voluntary blood lead screening program for young children was provided in Bisbee as a follow-up to a survey conducted the previous year in which several Bisbee children were identified with elevated blood lead levels. Lead analyses were performed on various soil samples in the area. The results of this program will be used in setting priorities for future lead screening programs.

INTERAGENCY COORDINATION

The Offices within the Division of Disease Prevention Services coordinate their activities with other Offices within the Department of Health Services and with other state agencies to accomplish their goals. This intragency and interagency coordination is described in the section that follows.

Office of Infectious Disease Services

The Office of Infectious Disease Services coordinates with the agencies listed below.

1. Arizona Department of Education (ADE)
The Office of Infectious Disease Services is required to cooperate with the Department of Education to provide for the vaccination or immunization of children attending school. This is accomplished through the cooperation of county health departments and local school districts.
2. Indian Health Services (IHS)
The Office of Infectious Disease Services works with local Indian Health Service Units to provide vaccinations and immunizations to children in order to eliminate and/or control vaccine preventable diseases.
3. Department of Economic Security (DES)
The sanitation program within the Office of Infectious Disease Services inspects Department of Economic Security foster homes for health and safety conditions.
4. Office of Health Promotion and Education
The AIDS section of the Office of Infectious Disease Services coordinates its efforts with the Office of Health Promotion and Education, which is also within the Division of Disease Prevention Services, to develop an AIDS risk reduction project. The program's educational activities focus on increasing the public's knowledge of AIDS and preventing its transmission.

Office of Health Promotion and Education

The Office of Health Promotion and Education coordinates with the following office.

1. Office of Chronic Disease Epidemiology
The Office of Health Promotion and Education has worked with the Office of Chronic Disease Epidemiology, which is also located within the Division of Disease Prevention Services, on a child drowning prevention campaign. The Office of Chronic Disease Epidemiology collected data concerning incidents of drowning in an effort to reduce drowning accidents.

LAWS & REGULATIONS

The Division of Disease Prevention Services is authorized and regulated by federal as well as state law. This legislation controls the programs within the Division and their funding sources. A brief description of applicable federal and state law follows.

Federal

Title III of the Public Health Services Act of 1944, P.L. 78-410

This section of the Public Health Services Act established the general powers and duties of the Federal Public Health Service. These duties include a number of prevention activities such as: (1) control of communicable diseases that lead to disability, (2) investigations and technical assistance into controlling disease, (3) screening and counseling for genetic disease that may result in disability at birth, and (4) a national vaccine program.

Communicable Disease Control Amendments of 1972, P.L. 92-449

These amendments to the Public Health Services Act authorized project grants to state health authorities to help control, through immunization and other activities, diseases or conditions amenable to reduction.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

Eight categorical grant programs authorized under the Public Health Services Act were combined into a single health prevention and services block grant program under this Act. These include grants for: (1) home health services, (2) rodent control, (3) school-based

fluoridation, (4) health education and risk reduction, (5) health incentives, (6) hypertension control, (7) rape crisis centers, and (8) emergency medical services.

State

Arizona Revised Statutes Section 36-132(A)(3,5,7)

These sections of this statute require the Department of Health Services to do the following:

1. Obtain, collect, and preserve information relating to the health of the people of the state and the prevention of diseases;
2. Conduct a statewide program of health education relevant to the powers and duties of the department, prepare educational materials, and disseminate information; and
3. In accordance with statewide plans, encourage and aid in coordinating local programs concerning control of preventable diseases.

Arizona Revised Statutes Section 36-136.03

This statute establishes the communicable disease advisory council.

Arizona Revised Statutes Section 36-629

This statute requires the county health departments to work with the schools to provide vaccinations and immunizations of children attending school.

Arizona Administrative Code R9-6-501

This regulation states that each county health department shall provide for the immunization of any child under 18 years of age. It also lists the immunizations which are required in any public school, preschool, Headstart Program, or other public institution providing instructional or custodial care to children.

FUNDING

Funding for the Division of Disease Prevention Services is through both state and federal sources. All of the Offices within the Division of Disease Prevention Services receive funding from the following sources:

Federal

Preventive Health Block Grant

This grant program comes under Title XIX of the Public Health Services Act and grants money to states to provide comprehensive health services, including home health services, emergency medical services, health incentive activities, hypertension programs, rodent control, foundation programs, health education and risk reduction, and services for rape victims.

Non-Federal

State General Fund

Money from the state general fund is allocated to the Department of Health Services for its programs and activities. A portion of this money is earmarked for the Division of Disease Prevention Services. This money is distributed throughout the four Offices within the Division.

ADVISORY COUNCILS

The Division of Disease Prevention Services has a communicable disease advisory council which was established to provide input into the activities of the Division. There is also an Arizona Disease Control Research Commission which is created by Arizona statute (A.R.S. 36-274). The two groups are described below.

Communicable Disease Advisory Council

The Communicable Disease Advisory Council is composed of the Director of the Department of Health Services and three members appointed by the governor. All council members must be knowledgeable in the field of communicable diseases. The council reviews emergency measures proposed by the Director for detecting, reporting, preventing and controlling new communicable or infectious diseases or conditions.

Arizona Disease Control Research Commission

This is a state-funded organization which provides funds to support research in the causes, epidemiology, diagnosis, treatment and prevention of diseases affecting Arizona residents. Funds are appropriated annually to the Commission. The Commission then receives proposals from individuals, corporations, organizations, and institutes for contract awards for projects or services that advance medical research.

**DIVISION OF EMERGENCY MEDICAL SERVICES
AND HEALTH CARE FACILITIES**

119

117

DIVISION OF EMERGENCY MEDICAL SERVICES
AND
HEALTH CARE FACILITIES

MISSION

The Division of Emergency Medical Services and Health Care Facilities is responsible for assuring that Arizona residents receive health care and child day care services that are safe, in compliance with minimum standards, and cost effective.

STRUCTURE

The Division of Emergency Medical Services and Health Care Facilities is located within the Department of Health Services. An Assistant Director oversees all of the activities of the Division. There are four offices within the Division of Emergency Medical Services and Health Care Facilities: (1) Office of Child Day Care Licensing, (2) Office of Health Care Licensure, (3) Office of Emergency Medical Services, and (4) Office of Health Economics and Facilities Review. Each of these Offices has its own programs and activities. However, the Office of Child Day Care Licensing and the Office of Health Facilities Licensure impact the most on children from 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families. For this reason, these two offices will be the focus of this policy analysis.

SERVICES

As stated earlier, the Division of Emergency Medical Services and Health Care Facilities is organized into four separate offices: (1) Office of Child Day Care Licensing, (2) Office of Health Care Licensure, (3) Office of Emergency Medical Services, and (4) Office of Health Economics and Facilities Review. The Office of Health Care Facilities Licensure and the Office of Child Day Care Licensing impact most on children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families and are discussed in this section.

Office of Health Care Facilities Licensure

The Office of Health Care Facilities Licensure surveys health care facilities for the purpose of licensure and medicare certification. In order to be granted a Certificate of Authority to operate a Health Care Service Organization in Arizona, a health care plan must be submitted to the Department of Health Services and

approved by this office. This plan must comply with Arizona Statutes and must identify services to be offered by the Health Service Organization and how those services will be provided. Once the plan is approved, copies of the plan and letter of approval are forwarded to the Department of Insurance for certification.

In addition, the Office of Health Care Facilities Licensure receives complaints regarding health care facilities in Arizona and performs investigations. In this capacity, the Office has the authority to revoke licenses, initiate legal actions, and terminate medicare certifications. It also responds to requests from the public for information.

Office of Child Day Care Licensing

The Office of Child Day Care Licensing is responsible for the licensing of all child day care centers (day care centers include nursery, preschool, playschool, and day care) in the state of Arizona. Submission and approval of complete architectural drawings for all centers is required before a license application is provided. Once the application is approved a license is issued. The Office of Child Day Care Licensing also renews licenses, conducts annual center inspections, and responds to complaints about licensed facilities and unlicensed day care homes. In addition, the Office is responsible for checking the fingerprints of all employees in day care centers to determine their eligibility for employment in such facilities consistent with Arizona Revised Statutes Section 36-883.02.

The Arizona Administrative Code consists of rules and regulations for supplemental care standards for special children. The Office of Child Day Care Licensing enforces such rules and regulations. These rules require centers providing care for special children to adhere to special standards in addition to the general program requirements. The term "special children" is defined to mean children enrolled in the child day care center who, due to any physical, mental, sensory or emotional delay, disability or limiting condition, need increased supervision, modified equipment, or modifications to the physical plant. These special standards are described below.

1. In-service training or consultation must be provided to enhance the ability of center personnel to meet the individual needs of special children;
2. Appropriate activities must be developed and equipment substitutions or adaptations must be made;
3. Appropriate physical plant modifications must be made;
4. Personnel/child ratios must be established by the Center which allow each special child to receive specialized services and care. These must be approved by the Department of Health Services;
5. A mandatory parent/staff conference shall be held for special needs children. In this conference specialized support needs shall be documented at the parent conference with the parent and staff jointly determining any special personnel training or equipment that will be

- necessary. Any assessments used to determine placement and the rationale for that placement shall be documented in the child's file;
6. Special children shall be integrated into the daily activities of the center whenever possible within the least restrictive environment that meets the individual needs of special children in attendance; and
 7. A diaper changing area shall be provided in centers that regularly care for special children who require diapering.

INTERAGENCY COORDINATION

In an effort to accomplish its mission, the Division of Emergency Medical Services and Health Care Facilities coordinates some of its activities with other state agencies. The interagency coordination applicable to the Office of Health Care Facilities Licensure and to the Office of Child Day Care Licensing is described below.

Office of Health Care Facilities Licensure

1. Arizona Department of Insurance
The Office of Health Care Facilities Licensure works with the Arizona Department of Insurance in licensing Health Care Service Organizations in Arizona. The Office of Health Care Licensure forwards copies of the approved health care plans to the Department of Insurance for their approval.

LAWS & REGULATIONS

Although the Office of Health Care Licensure is regulated primarily by state law, it does receive some federal funding. The Office of Child Day Care Licensing, however, is regulated only by state law and receives no federal funding. The laws and regulations that affect these two Offices are described briefly below.

Office of Health Care Licensure

The following Federal and State laws regulate the Office of Health Care Licensure.

Federal

Social Security Amendments of 1965, P.L. 89-97

These amendments established the Medicare Program under Title XVIII of the Social Security Act which authorizes health insurance benefits for eligible elderly and disabled persons. Direct payments are provided for medical services on behalf of eligible participants. Medicare certification for health care facilities in Arizona is performed by the Office of Health Care Licensure.

These same amendments also established Title XIX of the Social Security Act which authorizes grants to states for medical assistance programs (commonly known as Medicaid).

State

Arizona Revised Statutes Section 36-132(A)(19)

This statute requires the Arizona Department of Health Services to license and regulate health care institutions in the state of Arizona.

Arizona Revised Statutes Section 36-883.02

This statute requires child care personnel to register with the Department of Health Services in order to work in a day care center. Child care personnel are required to be fingerprinted within 20 days after the date they begin work for a day care center.

Arizona Revised Statutes Section 20-1052 through 20-1071

These statutes set forth the requirements that must be met for approval of a health care service organization's plan in the state of Arizona. This includes the procedure for making an application for a certificate of authority to operate as a health care service organization.

Arizona Administrative Code R9-12-100 through R9-12-116

The Arizona Department of Health Services adopted these regulations for the purpose of establishing minimum standards and procedures for health care plans, facilities, personnel and service areas of health care service organizations.

This includes the requirement that health care service organizations (HMOs) provide at least the following covered services, within the geographic area served, to children.

1. Immunizations;
2. Health education;
3. Periodic exams at ages 0-1 years (every 4 months) and ages 2-5 years (one every year).

Office of Child Day Care Facilities

The following Federal and State laws regulate the Office of Child Day Care Facilities.

Federal

None

State

Child Day Care Act, Arizona Revised Statutes Section 36-881 et seq

The statutes that make up the Child Day Care Act include provisions on day care center licensure, standards of care, personnel, inspections, and penalties for violations

Arizona Revised Statutes Section 36-882

This statute states that a day care center shall not receive any child for care, supervision, or training unless the agency is licensed by the Department of Health Services.

Arizona Revised Statutes Section 36-893

A Day Care Advisory Board is established in Arizona by this statute. It stipulates the Board's membership and their terms, and states that members shall serve without compensation.

Arizona Administrative Code R9-5-201 through R9-5-614

The Arizona Department of Health Services adopted these regulations for the purpose of establishing minimum standards and procedures for operation and licensure of day care centers in Arizona.

FUNDING

The Division of Emergency Medical Services and Health Care Facilities receives both state and federal funding for its Offices and activities. Funding for the Office of Health Care Facilities Licensure and the Office of Day Care Licensing is described in the following section.

Office of Health Care Facilities Licensure

Funding for the Office of Health Care Facilities Licensure follows.

Federal

Title XVIII of the Social Security Act

The Office of Health Care Licensure receives funding under Title XVIII of the Social Security Act to assist in the certification of medicare health care facilities in Arizona.

Title XIX of the Social Security Act

The Office of Health Care Licensure receives funding under Title XIX of the Social Security Act to assist in the certification of medicaid health care facilities in Arizona.

Non-Federal

State General Fund

The Department of Health Services receives allocations from the state general fund for its programs and activities. A portion of this money is earmarked for the Office of Health Care Facilities Licensure.

Office of Child Day Care Licensing

Funding for the Office of Child Day Care Licensing follows.

Federal

None

Non-Federal

State General Fund

The Office of Day Care Licensing receives all of its funding from the state general fund. A portion of the amount allocated by the legislature to the Department of Health Services is earmarked for this Office.

ADVISORY COUNCILS

A Day Care Advisory Board is established by statute in Arizona. This Board advises the Office of Child Day Care Licensing on its procedures and licensing requirements and is made up of day care center owners, child development experts, and parents.

Day Care Advisory Board

The Day Care Advisory Board is mandated to do the following:

1. Periodically review the rules and regulations for operating day care centers and for issuing, revoking, and suspending licenses;
2. Solicit information from local committees including, but not limited to, parents, day care center proprietors, citizen groups and child development experts;
3. Act as a local ombudsman for complaints and refers such complaints to the Office of Day Care Licensing for investigation;
4. Act in an advisory capacity to the Department of Health Services;
5. Submit reports and recommendations to the Department of Health Services, the governor, and the legislature regarding the Office of Day Care Licensing and its procedures and licensing requirements.

DIVISION OF FAMILY HEALTH SERVICES

129

125

CHILDREN'S REHABILITATIVE SERVICES

MISSION

Children's Rehabilitative Services (CRS) is dedicated to providing quality, comprehensive health care to children who reside in Arizona and have special health care needs. CRS accepts children with chronic illnesses or physically handicapping conditions which have potential for cure or significant improvement. CRS provides a variety of health services for eligible conditions.

Goal

To provide health care services to chronically ill and physically disabled children from 0-21 years of age through the use of a team concept including both inpatient and outpatient medical and related services.

STRUCTURE

The Office of Children's Rehabilitative Services is located within the Department of Health Services, Division of Family Health Services. The Chief of the Office of Children's Rehabilitative Services oversees the activities of the Office. The Director of the Department of Health Services has ultimate authority over the rules and policies of the Office of Children's Rehabilitative Services.

ELIGIBILITY

Eligibility criteria for CRS is established by the Department of Health Services. Children from 0-21 years of age who are residents of Arizona, are physically handicapped or potentially handicapped, or have a chronic illness may apply for Children's Rehabilitative Services. CRS eligibility is determined in two parts: (1) medical eligibility, and (2) financial eligibility. These eligibility requirements are discussed below.

Medical Eligibility

Medical eligibility is determined by whether or not the handicapping condition or chronic illness has a potential for cure or significant improvement through medical care, surgery, or therapy. Covered conditions include the following:

1. Congenital anomalies;
2. Acquired handicapping, or potentially handicapping, orthopedic, neurologic and cardiac disorders;
3. Hereditary and idiopathic disorders of the nervous system;
4. Neoplasms:
 - a. Benign, which, if not removed, would cause significant risk for a handicapping condition,
 - b. Malignant, with a favorable prognosis;
5. Chronic eye and ear disorders which could lead to blindness or deafness;
6. Scarring which could cause deformities;
7. Phenylketonuria (PKU) and amino acidopathies;
8. Connective tissue disorders;
9. Central nervous system degenerative disorders;
10. Cystic fibrosis;
11. Sickle cell anemia; and
12. Sequelae of trauma injuries excluding spinal cord injuries.

Some additional conditions may be covered only when there is a direct relationship between the non-CRS condition and the CRS eligible condition. CRS medical personnel shall perform an initial diagnostic evaluation to establish medical eligibility. Once medical eligibility is determined, the decision is made whether the child will be treated on an inpatient or outpatient basis.

Financial Eligibility

The Department of Health Services determines whether an applicant is financially eligible for services based on the family's adjusted annual income. A family whose income falls below the federal poverty level pays nothing for services through CRS. For families above the federal poverty level, a sliding scale is used to determine what percentage of the cost of services the family must pay. This scale takes into account family size as well as income. Families above the sliding scale may still participate in the CRS program, at full cost to them, if one of the following criteria is met:

1. The child is being treated for scoliosis, spina bifida, cerebral palsy, craniofacial anomaly, PKU, or other related inborn errors of metabolism;
2. The child is in the process of completing a course of treatment that was initiated when the family was financially eligible;
3. The child requires specialty services available through the local CRS program which are not available elsewhere in the community; or
4. The child has a CRS eligible condition of particular interest or rarity and for which coverage has been approved in writing by the Medical Director.

Unless a re-evaluation is requested by the family, or the Department of Health Services, the financial determination shall remain in effect for twelve months from the date of determination. Another financial interview is conducted after each twelve month period for CRS eligible families. Proof of claimed income and adjustments must be provided at any time upon request.

SERVICES

Accessing Services

Both inpatient and outpatient medical services are offered at several CRS regional clinic sites located in Phoenix, Tucson, Flagstaff, and Yuma. In addition, CRS field clinics which provide outpatient clinical care to rural communities are scheduled periodically. CRS field clinics have been offered at Chinle, Fort Defiance, Ganado, Kayenta, Keams Canyon, Tuba City, Winslow, San Carlos, Lakeside, Springerville, Whiteriver, Globe, Douglas, Ganado, Nogales, Safford, Sells, Sierra Vista, Clifton/Morenci, and Kingman. Physician specialists in orthopedics, plastic surgery, ear, nose & throat, and cardiology conduct these clinics on scheduled dates.

Applications can be made by filling out a Pediatric History and Referral Form available at local County Health Department offices. Once this form is completed, it should be returned to the Office of Children's Rehabilitative Services in Phoenix, Tucson, Yuma, or Flagstaff. CRS takes a team approach to successful treatment of children. Members of this team include parents, physicians, nurses, social workers, audiologists, and physical, occupational and/or speech therapists. The makeup of the team is dependent on each individual child's condition. Since CRS is not an acute health care provider, each patient is expected to have a family physician, pediatrician, or health clinic to provide general pediatric care.

Services

Children's Rehabilitative Services is a medical care program using a direct service model. CRS provides all its services without limitation on length of stay. The services provided by CRS are listed below:

1. Physician services by specialists who are members of the medical staff;
2. Specialty clinics;
3. Hospital inpatient/outpatient and surgical services when such services are related to the CRS qualifying medical condition and are authorized by the Medical Director or designee;
4. Diagnostic services for the purpose of determining the CRS qualifying medical condition and for monitoring the course of treatment or the patient health status;

5. Rehabilitative services, including physical, occupational, speech and audiological services for evaluation, re-evaluation, treatment, consultation and follow-up to maintain or improve the physical status and capabilities of the child;
6. Appliances, equipment and equipment modifications necessary to maintain or improve the physical status and capabilities of the child;
7. Orthodontic and prosthodontic dental care for CRS patients suffering from craniofacial anomalies;
8. Limited home health care for CRS patients discharged from the hospital and needing medical care while recovering at home;
9. Social Service assistance to provide casework and family assessment and to aid patients and their families in obtaining community assistance;
10. Limited psycho-social services to CRS eligible children and their families as they relate to the child's CRS medical condition; long-term counseling shall be referred to the community;
11. Pharmaceuticals as prescribed by a CRS medical staff physician; and
12. Service coordination on a limited basis to eligible children and their families. This includes coordination within CRS and to a limited extent within the community to assure the patient's treatment goals are achieved.

Children's Rehabilitative Services does not cover acute or primary health care and emergency transport other than authorized transfers between CRS contract facilities.

In addition to the medical services described above, the Office of Children's Rehabilitative Services administers two statutorily mandated programs: (1) Newborn Screening Program, and (2) Central Statewide Information and Referral Service for chronically ill or physically disabled children. Both of these programs are described below.

The Newborn Screening Program

The Office of Children's Rehabilitative Services contracts with individual entities including the Genetics Center in Tempe, Arizona, to administer this program. The Department is statutorily mandated to provide testing for metabolic disorders to newborns in the state of Arizona. With the parents' consent, blood samples used in the screening tests are taken from newborns before they leave the hospital. The tests are performed by a single regional laboratory with the Genetics Center and other contractors providing follow-up. The screening tests for the following diseases: (1) Phenylketonuria (PKU), (2) Maple Syrup Urine Disease (MSUD), (3) Homocystinuria, (4) Galactosemia, (5) Hypothyroidism, and (6) Sickle Cell disease. If a screening test is positive for one of these disorders, the baby's doctor is immediately contacted (tests are reported to the hospital within 3

weeks). The child will then be retested to confirm the possibility of the disease.

Central Statewide Information and Referral Services

This referral service is an in-house service offered by the Office of Children's Rehabilitative Services. The service provides information and referral to the public on medical and related services for chronically ill or physically disabled children.

Consultation and Community Services Unit

The Office of Children's Rehabilitative Services also has a new Consultation and Community Service Unit which provides a broad-based public health perspective with emphasis on early identification and treatment of handicapping conditions. The Unit provides consultation to statewide service providers in the following areas:

1. Speech and language;
2. Audiology;
3. Vision;
4. Physical therapy;
5. Occupational therapy;
6. Nursing;
7. Nutrition; and
8. Social Work.

Services provided in these areas include: (1) equipment loans for hearing screening, and (2) technical assistance and consultation for specific children or training for families, service providers and school districts. Specific types of technical assistance includes the following:

1. Program planning;
2. Evaluation;
3. Resource development; and
4. Screening, diagnosis and treatment techniques.

The Consultation and Community Services Unit also includes an early identification program for children at risk for hearing impairments entitled "Never Too Young" which is described below.

Never Too Young

This is a program for early identification of neonates and infants at risk for hearing loss. This program was established by Senate Bill 1334 which was passed in the 1987 legislature and signed by the Governor. The Department of Health Services has selected the Office of Children's Rehabilitative Services to implement the program. By statute, the Department of Health Services is mandated to provide the following services within this program:

1. An identification procedure for neonates and infants to detect hearing loss;
2. A central register of infants who are at high risk for hearing loss;
3. A comprehensive child hearing loss education program for the general public, the medical community, child care providers and other professional groups; and
4. Identification of audiology programs that provide diagnostic and rehabilitative services for neonates and infants.

INTERAGENCY COORDINATION

The Office of Children's Rehabilitative Services coordinates its efforts with several other offices within the Division of Family Health, as well as with other state agencies to identify and provide medical services to CRS eligible children and their families. A description of this intragency and interagency coordination follows:

1. Office of Maternal and Child Health (MCH)

Although the Office of Maternal and Child Health and the Office of Children's Rehabilitative Services are both within the same division of the Department of Health Services, the Division of Family Services, some activities are formally coordinated between the two offices. The Office of Maternal and Child Health submits the Title V Block Grant application and administers the funds for the two Offices.

Another way the Office of Maternal and Child Health coordinates with CRS is in the provision of consultative services. MCH's Newborn Follow-up Clinic in the areas of neurology, audiology, and ophthalmology.

2. Office of Dental Health

The Office of Dental Health is also within the Department of Health Services, Division of Family Services. Through an informal agreement, the Office of Dental Health supervises the dental services offered to CRS clients. These include orthodontia, oral surgery, and prosthetic dental care.

3. Office of Nutrition Services (ONS)

Another Office within the Department of Health Services, Division of Family Services, which coordinates its services with CRS, is the Office of Nutrition Services. The Office of Nutrition Services provides nutritional assessment and diet counseling as part of the intervention care plan which CRS provides for its clients.

Nutrition intervention services are also provided to CRS clients with metabolic disorders such as PKU, homoxystinuria, and galactosemia. These services are provided by the Office of Children's Rehabilitative Services through various contractors.

4. Arizona Health Care Cost Containment System (AHCCCS)

Special care services for AHCCCS eligible children can be obtained through Children's Rehabilitative Services as long as they meet the medical condition listings. AHCCCS then pays for those services. This arrangement is accomplished through contracts between the two agencies.

5. Comprehensive Medical/Dental Program for Foster Children

Although there is no formal written agreement between the Department of Economic Security's Comprehensive Medical/Dental Program for Foster Children and the Office of Children's Rehabilitative Services, many foster children receive services from both. Covered CRS services to CRS eligible foster children are paid for first by the Office of Children's Rehabilitative Services and any cost in excess of the amount paid by CRS is paid by the Comprehensive Medical/Dental Program for Foster Children.

6. Division of Developmental Disabilities

The Division of Developmental Disabilities is located within the Department of Economic Security. CRS is the payor of last resort for medical services provided to CRS eligible children who are also children served by the Division of Developmental Disabilities. This includes only children who meet both income and medical eligibility criteria for Children's Rehabilitative Services.

LAWS & REGULATIONS

Children's Rehabilitative Services is authorized and regulated by Federal as well as State Law. This legislation controls eligibility requirements, services offered, and funding sources for CRS. A brief description of applicable federal and state law follows.

Federal

Social Security Act of 1935, P.L. 74-271

The Social Security Act established a federal-state system of crippled children's services. This was the first time such legislation had ever been established.

Social Security Act Amendments of 1963, P.L. 88-156

Title V of the Social Security Act was amended to establish a new project grant program to improve prenatal care for women from low income families.

Social Security Act Amendments of 1965, P.L. 89-97

This legislation amended Title V of the Social Security Act to authorize special project grants for the development of comprehensive maternal & child health care services and crippled children's programs.

Social Security Amendments of 1967, P.L. 90-248

These amendments consolidated maternal & child health and crippled children's services under one grant authorization pursuant to Title V of the Social Security Act.

Omnibus Budget Reconciliation Act, P.L. 97-35

A single State Block Grant authority was created which consolidated the six programs under Title V of the Social Security Act. This included crippled children's services and maternal & child health programs.

Consolidated Omnibus Budget Reconciliation Act of 1985, P.L. 99-272

The phrase "children with special needs" was substituted for the term "crippled children" in Title V of the Social Security Act.

Sixth Omnibus Budget Reconciliation Act of 1986, P.L. 99-509

This act raised appropriations for maternal & child health programs. Specific purposes for certain percentages of the funding were designated.

Omnibus Budget Reconciliation Act of 1987, P.L. 100-203

This Act again increased funding levels for the maternal & child health programs.

State

Arizona Revised Statutes, Section 36-261

This statute authorized the Department of Health to establish an Office of Children's Rehabilitative Services and to make policy in regard to that office.

Arizona Revised Statutes, Section 36-262

This statute provides for a central statewide information and referral service for chronically ill or physically disabled children through the Department of Health Services.

Arizona Revised Statutes, Section 36-694

This statute requires the Department of Health Services to cause every newborn, with the consent of his parent or legal guardian, to be tested for metabolic disorders for which early appropriate treatment can provide prevention or substantial amelioration of mental retardation.

Arizona Revised Statutes, Section 36-899.22

This statute requires the Department of Health Services to establish a program for the early identification of hearing loss in neonates and infants and states what this program must provide.

Arizona Revised Statutes, Section 36-899.23

The Hearing Impaired Children Advisory Committee is established by this statute for the purpose of advising and making recommendations on the program for early identification of hearing loss in neonates and infants mandated by A.R.S. Section 36-899.22.

Arizona Administrative Code R9-7-101 through R9-7-110

These are promulgated rules for Children's Rehabilitative Services. They include rules in regard to: (1) definitions, (2) application, (3) medical eligibility, (4) eligibility for financial coverage, (5) services, and (6) termination of services.

FUNDING

Funding for CRS is available through both Federal and State sources. Federal and state laws regulate how the monies are spent. CRS also receives limited funding from private donations. The following is a list of CRS funding sources along with brief descriptions.

Federal

Title V of the Social Security Act

This grant is called the Maternal and Child Health Block Grant. It provides grant money to state programs for children with special needs. The Office of Maternal and Child Health, within the Department of Health Services, applies for this block grant money. CRS receives approximately one-fourth of the total amount allocated.

Title XIX of the Social Security Act

Title XIX program money does not go directly to CRS, but goes to the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS pays for CRS services for children who are also AHCCCS eligible.

Non-Federal

State General Fund

The Department of Health Services receives allocations from the state general fund. A certain amount of that money is earmarked in the budget to go to Children's Rehabilitative Services.

Private Donations

By statute, CRS is allowed to accept private donations to assist in providing services to chronically ill and handicapped children.

ADVISORY COUNCILS

Parent Advisory Council

Children's Rehabilitative Services has a Parent Advisory Council whose objective is to advise the Director of the Arizona Department of Health Services in matters pertaining to the delivery of Children's Rehabilitative Services in the state of Arizona. Membership is open to parents and interested professionals. The Council shall do the following:

1. Provide input to the Director of the Department of Health Services for the planning and delivery of Children's Rehabilitative Services;
2. Provide a setting for parents to share their feelings and concerns and to exchange ideas and information;
3. Provide a means for parent education;
4. Promote parent involvement in treatment planning, advocacy, and patient care; and
5. Participate in the ongoing definition of parent/patient rights and responsibilities.

Hearing Impaired Children's Advisory Committee

This advisory committee is mandated by Arizona Revised Statutes Section 36-899.23. The committee consists of an audiologist, neonatologist, pediatrician, neurologist, otolaryngologist, a representative from a statewide hearing aid society, a registered nurse with a specialty in education or child development, a representative from the Department of Education, Division of Special Education, and a representative from the Arizona State School for the Deaf and Blind.

The Hearing Impaired Children's Advisory Committee is required to do the following:

1. Advise and make recommendations to the Director of Health Services on implementing and operating the program for the early identification of hearing loss in neonates and infants;
2. Review all applicants for identified audiology programs; and
3. Advise the Department of Health Services regarding monitoring and evaluating the program for the early identification of hearing loss in neonates and infants.

OFFICE OF DENTAL HEALTH

MISSION

The Office of Dental Health's mission is to identify, treat and educate eligible persons needing dental intervention and preventive services. This is accomplished through:

1. Preventing oral disease while promoting oral health services for eligible persons;
2. Providing statewide oral health services utilizing local providers;
3. Monitoring and enhancing the quality of care provided; and
4. Providing technical assistance to individuals and agencies about prevention, treatment, and health education.

Goal

The overall goal of the Office of Dental Health is to ensure optimal oral health of all Arizona citizens.

STRUCTURE

The Office of Dental Health is located within the Department of Health Services, Division of Family Health Services. The Chief of the Office of Dental Health oversees the activities of the office. The Director of the Department of Health Services has ultimate authority over the rules and policies of the Office of Dental Health.

The Office of Dental Health's activities are divided into three areas: (1) preventive health, (2) treatment, and (3) health education. Each of these areas is responsible for specific services and programs designed to promote good oral health in the state of Arizona. The programs applicable to children from birth to 3 years of age with developmental delays and their families are outlined in the section entitled "Services" later in this analysis.

ELIGIBILITY

Each program within the Office of Dental Health has its own eligibility requirements which are based on age, income, and health needs. Eligibility requirements for each program within the Office of Dental Health are discussed in the next section entitled "Services".

SERVICES

As stated earlier, the Office of Dental Health's activities are divided into 3 areas: (1) preventive, (2) treatment, and (3) health education. Programs in the preventive area include the dental sealant and fluoride mouthrinse programs. Both of these programs are offered only to school-age children and do not impact on children from birth to 3 years of age. The programs within the treatment area include screenings, referrals, and complete dental treatment. These services are also offered only to school-aged children through school-based programs and have no impact on children from birth to 3 years of age. The health education area, however, does offer some services that are available to children from birth to 3 years of age and their families. These programs are described below.

Health Education

1. Baby Bottle Tooth Decay Prevention
The Office of Dental Health coordinates a statewide effort, through the Oral Health Sub-Committee of the Office of Maternal and Child Health, Healthy Mothers and Healthy Babies Coalition Program, to reduce the incidence of baby bottle tooth decay. The program distributes educational materials which target new mothers and pregnant women.
2. Infant Dental Care
Educational services on proper infant dental care are provided to health care providers. This includes disseminating educational information to pediatricians on fluoride supplements and dental health prescriptions.

INTERAGENCY COORDINATION

The Office of Dental Health coordinates its efforts with other offices within the Department of Health Services and other state agencies to promote good oral health in children from birth to 3 years of age who are developmentally delayed and their families. Within the Department of Health Services, the Office of Dental Health coordinates with: (1) Office of Maternal and Child Health, and (2) Office of Children's Rehabilitative Services. Other state agencies with whom they

coordinate include: (1) Arizona Health Care Cost Containment System, (2) Department of Economic Security, (3) Department of Environmental Quality, and (4) Head Start. A description of this intragency and interagency coordination follows:

1. Office of Maternal and Child Health (MCH)
The Office of Dental Health coordinates with the Office of Maternal and Child Health's Healthy Mothers and Healthy Babies Coalition Program in an effort to reduce the incidence of baby bottle tooth decay in Arizona.
2. Office of Children's Rehabilitative Services (CRS)
The Office of Dental Health and the Office of Children's Rehabilitative Services are both located in the Department of Health Services, Division of Family Services. Through an informal agreement, the Office of Dental Health provides consultation to the CRS dental program to insure quality dental care to CRS clients.
3. Arizona Health Care Cost Containment System (AHCCCS)
The Office of Dental Health provides consultation services to AHCCCS Early Periodic Screening, Diagnosis and Treatment Program physician contractors in an effort to assure quality dental care programs.
4. Department of Economic Security (DES)
The Department of Economic Security, Division of Developmental Disabilities coordinates some of its efforts with the Office of Dental Health to provide services to individuals with developmental disabilities. The Office of Dental Health provides dental health care education to Division staff as well as inservice training to families and health professionals.
5. Department of Environmental Quality
The Department of Environmental Quality provides the Office of Dental Health with information concerning the testing of water for fluoride levels.
6. Head Start
The Office of Dental Health works in coordination with Headstart to administer its dental sealant program to children 3-5 years of age. This is a community-based program in which thin plastic coatings are applied to protect the chewing surfaces of the teeth.

LAWS & REGULATIONS

The Office of Dental Health is authorized and regulated by federal as well as state law. This legislation controls the programs within the Office of Dental Health and their funding sources. A brief description of applicable federal and state law follows.

Federal

Title III of the Public Health Services Act of 1944, P.L. 78-410

This section of the Public Health Services Act established the general powers and duties of the federal Public Health Service. These duties include a number of prevention activities such as preventive dental health programs.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

Eight categorical grant programs authorized under the Public Health Services Act were combined into a single health prevention and services block grant program under this Act. These include grants for: (1) home health services, (2) rodent control, (3) school-based fluoridation, (4) health education and risk reduction, (5) health incentives, (6) hypertension control, (7) rape crisis centers, and (8) emergency medical services.

State

Arizona Revised Statutes Section 36-132(A)(10)

This statute requires the Department of Health Services, in cooperation with the Arizona State Dental Association, to encourage and aid in coordinating local programs concerning dental health throughout the state of Arizona.

FUNDING

Funding for the Office of Dental Health and its programs is available through both federal and state sources. Federal and state laws regulate how the monies are spent. The following is a list of the Office of Dental Health funding sources and a brief description.

Federal

Title V of the Social Security Act

This grant is available under the Maternal and Child Health Block Grant. The Office of Dental Health receives some of this money to fund a portion of their programs. The grant provides that the money be used for the development of comprehensive maternal and child health services and services to children with special health care needs.

Preventive Health and Health Services Block Grant

Title XIX of the Public Health Services Act provides block grant money to states for the provision of comprehensive health services. This includes preventive dental care such as school-based fluoride mouthrinse programs. The Office of Dental Health receives money from this block grant.

Non-Federal

State General Fund

The Department of Health Services receives allocations from the state general fund. A certain amount of that money is earmarked by the state legislature to go to programs within the Office of Dental Health.

Private Grants

The Office of Dental Health is authorized to receive private grants to help fund its programs. One such grant is from the Flinn Foundation which funds the pilot dental sealant program within the Office of Dental Health.

ADVISORY COUNCIL

Although the Office of Dental Health has no formal advisory council, they work closely with the Arizona State Dental Association and the Arizona Public Health Association. Both of these groups are professional associations dedicated to the promotion of quality health care in the state of Arizona.

OFFICE OF MATERNAL AND CHILD HEALTH

MISSION

The mission of the Division of Family Health Services is to strengthen the family and the community by promoting and improving the health status of women of childbearing age, infants and children, the elderly and others with special health needs. This will be accomplished through comprehensive planning, community organization and development, training and technical assistance, and direct provision of screening, preventive and curative health services.

Goal

To reduce the infant mortality and morbidity rates and to improve the health of mothers and children in Arizona.

STRUCTURE

The Office of Maternal and Child Health (MCH) is located within the Department of Health Services, Division of Family Health Services. The Chief of the Office of Maternal and Child Health oversees the activities of the Office. The Director of the Department of Health Services has ultimate authority over the rules and policies of the Office of Maternal and Child Health.

The Office of Maternal and Child Health is divided into two sections: (1) Maternal Health, and (2) Child Health. Each of these sections administers specific programs designed to improve the health of mothers and children. These programs are described later in the section entitled "Services."

ELIGIBILITY

Each program within the Office of Maternal and Child Health that provides services to the people of the State of Arizona has its own eligibility requirements which are based on income and/or medical criteria. Some programs use the federal poverty level as financial criteria for eligibility. Others, such as the Newborn Intensive Care Program, have no income requirements. However, the Newborn Intensive Care Program does have medical criteria for eligibility. Eligibility requirements for each specific Maternal and Child Health Program are discussed in the next section entitled "Services".

SERVICES

As stated earlier, the Office of Maternal and Child Health is divided into two sections: (1) Maternal Health, and (2) Child Health. The Maternal Health section provides services to women who are of childbearing age. The programs offered in the Child Health section provide services targeted for infants and children. Although the Office of Maternal and Child Health offers a variety of programs, the programs described below are those which specifically pertain to children 0-3 years of age who are developmentally disabled or at risk for developing a handicapping condition.

Maternal Health Section

1. Healthy Mother, Healthy Baby Coalition

This program promotes the establishment of local coalitions whose purpose is to increase awareness of the importance of access to early prenatal care during pregnancy for all women. The Office of Maternal and Child Health coordinates the development of local coalitions upon request, and provides them with technical assistance and educational materials. In addition, MCH coordinates a statewide steering committee, organizes one statewide conference per year and provides ongoing educational support for the local Healthy Mother, Healthy Baby Coalitions. The local coalitions then disseminate informational and educational materials and promote coordination and cooperation among public, private and voluntary organizations. The premise is that every woman of childbearing age should be able to obtain early, continuous and comprehensive prenatal care. Anyone is eligible to join.

2. Midwife Licensing Program

The Maternal Health section of the Office of Maternal and Child Health confers licensure to direct entry, non-physician, non-nurse midwives in Arizona. Testing takes place two times per year. This section also monitors licensed midwives through the review of medical records and the investigation of reports of any problems.

3. Maternal Transport Program

This program provides a statewide system of transport for high risk pregnant women and a system of perinatal consultation services to their physicians. It is a coordinated and effective system which provides access to tertiary care medical services and on-call perinatal consultation services. Eligibility is based on the medical condition of the pregnant woman. Each individual family is responsible for payment through their private insurance company, or other third party payor, such as the Arizona Health Care Cost Containment System, or Indian Health Services. The State provides a final source of payment after all other sources have been exhausted.

4. Family Planning
Family planning enables individuals to make informed, voluntary decisions to prevent ill-timed pregnancies. To be eligible for this program a woman must be low-income or live in a rural, underserved area. Services include the following:
 - a. birth control services
 - b. pap smears
 - c. other lab screening
 - d. prescription of birth control
 - e. detection of gynecological, venereal, and other medical conditions
 - f. referral for treatment and follow-up
 - g. pregnancy testing
 - h. infertility services
5. TACT (Teens and Adults Communicating Together) and TASK (Talking About Sex With Kids)
These programs are designed to help parents of teens and young children and professionals working with these groups to understand issues related to responsible sexual behavior and health risks related to teenage pregnancies. The Office of Maternal and Child Health collaborates with the Arizona Family Planning Council to offer these programs. TACT and TASK both offer an educational series through workshops which can be presented at the community level. The series is available free of charge with program members traveling to communities to: (1) present training to parent groups, (2) teach professionals or volunteers to do training, (3) provide consultation and technical assistance to help others develop their own programs, and (4) provide information on resources and counseling. Anyone can become involved.
6. Perinatal Outreach Program
This program includes neighborhood-based, educational outreach projects, a mass media campaign, a pregnancy information hotline, and an evaluation of the prenatal literature currently being used in the field. The purpose of the outreach program is to promote good perinatal outcomes for mothers and newborns throughout Arizona.

Child Health Section

1. Newborn Intensive Care Program
This program includes consultation, transportation, hospital services, and newborn follow-up. Residents of Arizona who meet the medical

criteria, that is, they have a critically ill newborn, are eligible for this program with no income restrictions. The Program neonatologist on call at the time of referral consults with local physicians and determines the need for referring the newborn to the newborn intensive care program. Eligible families are given 3 options at the hospital: (1) they may enroll in the newborn intensive care program and request financial assistance, (2) they may enroll in the program and decline financial assistance, or (3) they may choose not to participate in the Newborn Intensive Care Program at all. Once enrolled in the Newborn Intensive Care Program, all services within the program are available to the eligible individual. The Newborn Intensive Care Program has limited state funds to assist families. Financial assistance will be provided only after all other possible payment sources have been exhausted. The state only pays after applications for benefits to private insurance, AHCCCS, and county programs have been made. In addition, every family will be assigned a family liability (which is a dollar amount for which the family is responsible; this amount could be zero dollars). This must be paid before the state will contribute any amount toward the services received. The following is a list of available services in the Newborn Intensive Care Program:

a. Consultation

Neonatologists are on call and are available for consultation to Arizona physicians of critically ill newborns. Using a team approach, there is an immediate response to the infant's need for highly specialized care and/or transport.

b. Transportation

This service provides infant transportation throughout Arizona to the hospital that can provide the most appropriate care. The baby's transport is directed by the neonatologist, whose signature must be on the transport papers, and is coordinated by a highly trained neonatal transport team.

c. Hospital Services

Hospital services are offered at Level II Centers (intermediate care centers) and Level III Centers (intensive care centers) located throughout the state. Level III hospitals are located in Phoenix and Tucson and Level II hospitals are located in Phoenix, Tucson, Flagstaff, and Yuma. These hospitals are staffed and equipped to care for critically ill newborns. When the need for critical care has ended, back transport may be arranged to move the baby to a lower level nursery in the same hospital or to another hospital. In many situations, this allows the baby to be closer to home.

d. Newborn Follow-up

This component provides follow-up services to children who are enrolled in the newborn intensive care program. These services include home visits by public health nurses in some counties which include: (1) a physical and developmental assessment of the baby, (2) a family assessment, (3) consultation on child care, developmental goals, and parenting skills, (4) followup nursing care, and (5) referral. MCH currently contracts with eight counties that participate in the public health nurse visits: (1) Coconino, (2) Cochise, (3) Maricopa, (4) Pinal (also covers Gila county), (5) Santa Cruz, (6) Yavapai, (7) Pima, and (8) Yuma. The public health nurses are required to make their first visit within one month of discharge from the hospital; another required visit is made after one year. Although MCH only contracts for funding for the two mandatory visits, more visits may be made depending on each child's individual care plan.

Follow-up clinic services are available as recommended by the baby's treatment team. At discharge planning, it is determined whether or not the child is recommended to receive follow-up clinic services. The purpose of the Newborn Follow-up Clinics is to provide assessment and referral services for developmental, motor, behavioral and/or educational problems. There are two follow-up clinics for high-risk infants. Those are located in Tucson and Phoenix. Three Phoenix valley hospitals have clinics for moderate-risk infants. These clinics offer services up to 5 years of age; after 5 years of age, these services are coordinated with and provided through the local school districts. Currently services are being offered in the Tucson clinic through 11 years of age. Outreach clinics are offered through consultants in several communities throughout the state. The Phoenix and Tucson clinics coordinate the outreach clinics. Dates and times for these are arranged with the particular communities.

e. Developmental Screenings

When the enrolled infant reaches 3-4 years of age, developmental screenings on all program infants are offered each year. All parents of program infants are sent a letter informing them that this service is available. The screenings are scheduled periodically and are primarily targeted for children who may not have received public health home visits and/or clinical developmental assessments.

2. **Case Management of High Risk Children and Adolescents**
In order to increase the level of available service to rural areas, seven rural counties (Coconino, Cochise, Gila, Yuma, Greenlee, Pinal, and Santa Cruz) offer nursing case management services to high risk children and adolescents through public health nurses. MCH contracts with county health departments for these services.
3. **Consultative Services**
These services consist of three components: (1) early childhood, (2) school health, and (3) adolescent health. Consultants from the Office of Maternal and Child Health disseminate information on childhood issues through workshops, newsletters, and training. Technical assistance in the area of development in children from birth to 18 years of age is also available upon request.
4. **Injury Prevention Program**
This program was established to provide education to child/adolescent providers on injury prevention theory and practice, coordinate prevention efforts between agencies, assist in the compilation of unintentional injury data, facilitate SADD/STAYING ALIVE programs, and provide consultation to health providers on injury prevention.
5. **Health Training Project for Child Care Staff**
This project is intended to raise the standards of health in child care facilities by upgrading the health training available to educators, increasing the availability of county health departments as resources and developing health practices orientation videotapes and materials for child care centers.
6. **Self Study Project for Upgrading Child Care Programs**
This program is a collaborative effort with the Department of Education, Department of Economic Security, and the Head Start Training Group in conjunction with a special program being conducted by the National Association for the Education of Young Children. A self-study process has been implemented at twenty-seven centers serving at least one special needs child and is intended to improve the quality of participating programs, to promote a peer support and assistance group for sharing information and successful strategies, and to provide technical assistance based on the needs identified in the self study process.

INTERAGENCY COORDINATION

The Office of Maternal and Child Health coordinates its efforts with several other offices within the Division of Family Health, as well as with other state agencies to ensure that mothers and children in Arizona have access to quality maternal and child health services. These state agencies include Children's Rehabilitative Services, Office of Nutrition, Office of Dental Health, and the Arizona Health Care Cost Containment System. A description of this intragency and interagency coordination follows:

1. Office of Children's Rehabilitative Services

Although the Office of Maternal and Child Health and the Office of Children's Rehabilitative Services are both within the same division of the Department of Health Services, the Division of Family Services, some activities are formally coordinated between the two offices. The Office of Maternal and Child Health submits the Title V Block Grant application and administers the funds for the two offices.

Another way the Office of Children's Rehabilitative Services coordinates with MCH is in the provision of consultative services to the Newborn Follow-up Clinic in the areas of neurology, audiology, and ophthalmology. The Follow-up Clinics are given slots two times per month to use CRS specialists in a particular area.

2. Office of Nutrition

The Office of Nutrition and the Office of Maternal and Child Health are also both within the Division of Family Services, Department of Health Services. The MCH Nutrition Consultant is housed within the Office of Nutrition and serves as a liaison between the programs to ensure their coordination and integration of services related to nutritional issues. The Nutrition Consultant also represents both the Office of Nutrition and the Office of Maternal and Child Health on the Early and Periodic Screening, Diagnosis, and Treatment Advisory Board.

Another major effort in coordination between these two offices is with the Women, Infants, and Children (WIC) program. The Office of Nutrition works with perinatal and community MCH programs at the local WIC service delivery level. At this level, most activities are co-located, the nutrition activities in each are supervised by central staff, and information is shared and activities integrated.

3. Office of Dental Health
This office is also located within the Department of Health Services, Division of Family Health Services. It coordinates with MCH's Healthy Mothers and Healthy Babies Coalition in an effort to reduce the incidence of baby bottle tooth decay through the dissemination of educational materials targeted to new mothers and pregnant women.
4. Arizona Health Care Cost Containment System (AHCCCS)
The Office of Maternal and Child Health refers eligible clients in their programs to the Early and Periodic Screening, Diagnosis, and Treatment program administered by AHCCCS. They also refer potentially AHCCCS eligible mothers and infants to the AHCCCS program. This is a formal agreement between the two programs and the AHCCCS application procedures must be followed.
5. Department of Education
The Office of Maternal and Child Health collaborates with the Department of Education on a special program being conducted in conjunction with the National Association for the Education of Young Children. This was discussed briefly in the previous section.
6. Department of Economic Security
The Department of Economic Security also collaborates with the Office of Maternal and Child Health and the Department of Education on the self-study project described earlier.
7. Head Start Region IX
The Office of Maternal and Child Health participates in a cooperative effort with Headstart health coordinators and AHCCCS Early Periodic Screening, Diagnosis and Treatment coordinators to enhance health services support for Head Start programs. This involves a two-day inservice session attended by MCH personnel, Head Start staff, and AHCCCS EPSDT coordinators to look at organizational procedures, discuss common needs, and to look for strategies to improve health care delivery to Headstart children.
8. Arizona State School for the Deaf and Blind
When the Office of Maternal and Child Health becomes concerned about the hearing or vision of a particular child, referral can be made to the Arizona School for the Deaf and Blind for a screening at no charge. This arrangement is accomplished through an informal agreement between the Office of Maternal and Child Health and the Arizona School for the Deaf and Blind.

9. County Health Departments

The Office of Maternal and Child Health contracts with county health departments for a variety of the MCH programs. MCH staff meet with representatives from all the county health departments as a group four times per year to coordinate and direct the activities of community-based MCH programs.

LAWS & REGULATIONS

The Office of Maternal and Child Health is authorized and regulated by federal as well as state law. This legislation controls the services covered by MCH and their funding sources. A brief description of applicable federal and state law follows.

Federal

Social Security Act of 1935, P.L. 74-271

The Social Security Act established a federal-state system of crippled children's services. This was the first time such legislation had ever been established.

Social Security Act Amendments of 1963, P.L. 88-156

Title V of the Social Security Act was amended to establish a new project grant program to improve prenatal care for women from low income families.

Social Security Act Amendments of 1965, P.L. 89-97

This legislation amended Title V of the Social Security Act to authorize special project grants for the development of comprehensive maternal & child health care services and crippled children's programs.

Social Security Amendments of 1967, P.L. 90-248

These amendments consolidated maternal & child health care services and crippled children's services under one grant authorization pursuant to Title V of the Social Security Act.

Social Services Amendments of 1974, P.L. 93-647

These amendments to Title XX of the Social Security Act provide grants to states which assist in furnishing some social services to its residents. The Arizona Office of Maternal and Child Health receives Title XX grant money to help fund some of their programs.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

A single State Block Grant authority (called the Maternal and Child Health Block Grant) was created to consolidate the six programs under Title V of the Social Security Act. This block grant includes: (1) maternal & child health programs and crippled children's services, (2) SSI Disabled Children's program, (3) grant support for the prevention of lead-based paint poisoning, (4) sudden infant death syndrome programs, (5) hemophilia treatment centers, and (6) an adolescent pregnancy program and a genetic screening program.

This Act also converted existing Social Service Grants under Title XX of the Social Security Act into the Social Services Block Grant Program.

Consolidated Omnibus Budget Reconciliation Act of 1985, P.L. 99-272

The phrase "children with special needs" was substituted for the term "crippled children" in Title V of the Social Security Act.

Sixth Omnibus Budget Reconciliation Act of 1986, P.L. 99-509

This act raised appropriations for maternal & child health programs. Specific purposes for certain percentages of the funding were designated.

Omnibus Budget Reconciliation Act of 1987, P.L. 100-203

This Act increased funding levels again for the maternal and child health programs.

State

Arizona Revised Statutes, Section 36-691

This statute accepts the conditions of Title V of the Social Security Act as amended (MCH Block Grant).

Arizona Revised Statutes, Section 36-692

This statute requires the Director of the Department of Health Services to establish standards for the involvement of local health departments in meeting minimum requirements for providing maternal and child health services in accordance with Title V of the Social Security Act (MCH Block Grant).

FUNDING

Funding for the Office of Maternal and Child Health and its programs is available through both federal and state sources. Federal and state laws regulate how the monies are spent. The following is a list of MCH funding sources and a brief description.

Federal

Title V of the Social Security Act

This grant is called the Maternal and Child Health Block Grant. The Office of Maternal and Child Health receives money from this grant to fund many of its programs. Approximately 75 percent of the money received through Title V goes to the Office of Maternal and Child Health, while the other 25 percent is given to the Office of Children's Rehabilitative Services.

Title XX of the Social Security Act

This grant is called the Social Services Block Grant. The Office of Maternal and Child Health receives money from the Social Services Block Grant to assist in funding for programs in the Maternal Health Section of the Office.

Title XIX of the Social Security Act

Title XIX money supports the coordination of efforts between the Office of Maternal and Child Health and the Arizona Health Care Cost Containment System (AHCCCS). AHCCCS pays for eligible members who receive services through some MCH programs. This coordination involves such programs as: (1) the newborn programs, (2) women with high risk pregnancies, and (3) the Early, Periodic, Screening, Diagnosis, and Treatment Programs.

Non-Federal

State General Fund

The Department of Health Services receives allocations from the State general fund. A certain amount of that money is earmarked by the state legislature to go to programs within the Office of Maternal and Child Health.

ADVISORY COUNCILS

The Office of Maternal and Child Health has several advisory councils and committees which help in obtaining broad-based community input for MCH programs. These groups include:

Family Planning Program Advisory Board

The Board's membership includes family planning providers and other community representatives.

Newborn Intensive Care Follow-up Advisory Committee

Members on this committee include parents as well as representatives from intervention programs, county health departments, and the pediatric community.

The Child Health Planning Committee

There are approximately 45 members of this committee representing various disciplines, agencies, geographic areas, and age-specific interests.

OFFICE OF NUTRITION SERVICES

MISSION

The Office of Nutrition Services advocates and supports the implementation of public nutrition programs which encourage individuals to make healthy lifestyle choices to prevent chronic diseases and disability.

Goals

The Office of Nutrition Services implements comprehensive nutritional assessment and intervention to achieve the following goals:

1. *To detect and refer for treatment pregnant women and clients with low birth weight, anemia, under or overweight, short stature, and cardiovascular risk factors;*
2. *To improve nutritional status by administering the Women, Infants and Children Supplemental Food Program (WIC) and the Commodity Supplemental Food Program (CSF); and*
3. *To provide consultation in nutritional care and food service management to developmental disabilities programs, child and adult day care programs, older adults, and Children's Rehabilitative Services.*

STRUCTURE

The Office of Nutrition Services (ONS) is located within the Department of Health Services, Division of Family Health Services. The Chief of the Office of Nutrition Services oversees the activities of the Office. The Director of the Department of Health Services has ultimate authority over the programs within the Office of Nutrition Services.

The Office of Nutrition Services is divided into two sections: (1) Community Nutrition Programs Section, and (2) Nutrition Program Specialist Section. Each of these sections administers specific programs designed to promote good nutritional health. These programs are outlined in the section entitled "Services" later in this analysis.

ELIGIBILITY

Each program within the Office of Nutrition Services has its own eligibility requirements which are based on age, income, and health needs. All programs within the Office of Nutrition Services require Arizona residency. Eligibility requirements for each specific ONS program are discussed in the next section entitled "Services".

SERVICES

As stated earlier, the Office of Nutrition Services is divided into two sections: (1) Community Nutrition Programs Section, and (2) Nutrition Program Specialist Section. The programs offered through each of these sections are described below.

Community Nutrition Programs Section

1. Ambulatory Nutrition Care Services

For fiscal year 1990, state funds are contracted to nine rural county health departments and one community health center for direct ambulatory nutrition care services. Through this program, children, adolescents, adults and the elderly receive comprehensive nutritional assessments to detect identified nutrition and health related risk factors. Those who are identified as being at risk are then referred for treatment.

2. WIC Program

This program has been administered by the Department of Health Services since 1974 for the purpose of providing supplemental food and nutrition education to high-risk pregnant women, postpartum and lactating women, infants, and children to five years of age. The WIC program is primarily federally funded with the state providing additional support. The WIC program is administered through county health offices and local WIC offices. Federal funds are contracted through twelve county health departments, three community health centers, and three Indian Tribes in Arizona to provide services for the WIC Program. Services provided through the WIC program include analyses of nutritional status, nutrition education, referral to health care services, and vouchers for food. To receive services the following criteria must be met:

1. Pregnant or lactating women, infant, or child (under 5 years of age);
2. Residence in Arizona;

3. Income no greater than 185% of the federally established poverty level; and
4. Nutritional risk.

3. Commodity Supplemental Food Program

This supplemental food program is also funded by the U.S. Department of Agriculture. Through the Commodity Supplemental Food Program, supplemental foods and nutrition education are provided to low-income pregnant and postpartum women, infants, children to 6 years of age, and the elderly. In Arizona, federal funds are contracted by the state to Coconino, Maricopa, Pima, Pinal, and Yavapai county health departments and Community Westside Food Banks to provide services in those counties.

Nutrition Program Specialist Section

1. Services to Developmentally Disabled

Nutrition consultants provide services to developmentally disabled residents of group homes and residential facilities operated by the Department of Economic Security, Division of Developmental Disabilities through: (1) individualized nutrition assessments and diet planning, (2) menu development and evaluation, (3) consultation on equipment and food cost control, and (4) inservice training to staff.

2. Child Day Care--Nutrition Services

A nutrition consultant from the Office of Nutrition Services provides nutrition training programs to day care providers on improved food services and basic nutrition. The consultant monitors facilities, reviews programs for license renewals and follows up on complaints. The consultant also provides consultation on menu planning, recipe development, and education experiences for children.

3. Children's Rehabilitative Services

In coordination with the Office of Children's Rehabilitative Services, the Office of Nutrition Services provides nutritional assessment and diet counseling to children with chronic illnesses or handicapping conditions as part of the CRS intervention care plan. The consultant coordinates the planning and implementation of regional nutrition services and the training of staff in Phoenix, Tucson, Yuma and Flagstaff. Nutrition intervention is also provided to clients with metabolic disorders such as PKU, Maple Syrup Urine Disease, homocystinuria, and galactosemia.

4. Community Nutrition Education Services

The Office of Nutrition Services provides consultation and technical assistance to governmental, public, private and volunteer sectors to promote nutrition and include it as a component in health promotion and chronic diseases risk factor reduction activities. Areas of service include planning and coordination of national and state education campaigns relating to diet, health and disease prevention. Workshops and conferences are designed to educate health professionals about current research and practice and the development of nutrition protocols for nutritional care, counseling and education for specific age groups or conditions.

INTERAGENCY COORDINATION

The Office of Nutrition Services coordinates its efforts with other offices within the Department of Health Services as well as with other state agencies to promote good nutritional health throughout the state of Arizona. These agencies include the Office of Maternal and Child Health, the Office of Children's Rehabilitative Services (CRS), the Division of Developmental Disabilities, and the Arizona Health Care Cost Containment System (AHCCCS). A description of this interagency coordination follows.

1. Office of Maternal and Child Health (MCH)

The Office of Nutrition and the Office of Maternal and Child Health are both located in the Department of Health Services, Division of Family Health Services. The Maternal and Child Health nutrition consultant is housed within the Office of Nutrition and serves as a liaison between the programs to ensure their coordination and integration.

Another major effort in coordination between these two offices is with the Women, Infants, and Children (WIC) program. The Office of Nutrition works with perinatal and community Maternal and Child Health programs at the local WIC service delivery level.

2. Office of Children's Rehabilitative Services (CRS)

The Office of Children's Rehabilitative Services is also located within the Department of Health Services, Division of Family Health Services. The Office of Nutrition Services provides nutritional assessment and diet counseling as part of the intervention care plan which Children's Rehabilitative Services provides for its clients. In addition, ONS plans, coordinates, and monitors the regional CRS nutrition services and provides training to staff.

Nutrition intervention services are also provided to CRS clients with metabolic disorders such as PKU, Maple Syrup Urine Disease, homocystinuria, and galactosemia.

3. Division of Developmental Disabilities (DDD)
The Office of Nutrition Services has an Interagency Agreement with the Department of Economic Security, Division of Developmental Disabilities, to provide nutrition education and intervention services statewide to their clients and food service administration, consultation and training to their facilities and group homes.
4. Arizona Health Care Cost Containment System (AHCCCS)
Efforts at enhanced coordination are underway between the Office of Nutrition Services and the Arizona Health Care Cost Containment System to provide a mechanism for referrals between the WIC/Commodity Supplemental Food Programs and AHCCCS providers. Some plans for this coordination include: (1) joint meetings and training with local agency nutrition program personnel and early periodic screening, diagnosis and treatment coordinators, and (2) media outreach programs to increase early entry into services and referrals between programs.

LAWS & REGULATIONS

The Office of Nutrition Services is authorized and regulated by federal as well as state law. This legislation controls the programs within ONS and their funding sources. A brief description of applicable federal and state law follows.

Federal

Child Nutrition Act Amendments of 1972, P.L. 92-32

This legislation amended the Child Nutrition Act of 1966 and enacted a Special Supplemental Food Program for Women, Infants and Children (WIC) to be administered by the Department of Agriculture. The program allows the Secretary of Agriculture to make grants to states for the purpose of providing funds to local health or welfare agencies to enable them to make supplemental foods available to pregnant or lactating women and to infants determined by competent professionals to be nutritional risks because of inadequate nutrition and inadequate income. Infant was defined as meaning a child under four years of age.

The Food and Agriculture Act of 1977, P.L. 95-113

This Act authorized the Department of Agriculture to grant money to states to fund Commodity Supplemental Food Programs. These

programs supply food supplements and provide nutrition education to individuals and families.

The Child Nutrition Act Amendments of 1978, P.L. 95-627

These amendments changed the definition of "infant at nutritional risk" as it relates to the WIC Program to mean a child under five years of age who is in a low-income population and who has shown a deficient pattern of growth. This definition also includes children under five years of age who: (1) test within the parameters for nutritional anemia, or (2) are from low-income populations where nutritional studies have identified inadequate infant diets.

Code of Federal Regulations, Chapter 7, Part 246

These regulations represent the consolidation of all the WIC Regulations into one Part. Included in these regulations are provisions prohibiting the collection of state and local sales tax on WIC food purchases and the requirement that WIC programs target benefits to persons most in need and enroll eligible women in the early months of pregnancy.

State

Arizona Revised Statutes, Section 36-132(A)(9):

This statute requires the Department of Health Services to encourage and aid in the coordination of local programs concerning the nutrition of the people of the state of Arizona.

FUNDING

Funding for the Office of Nutrition Services and its programs is available through both federal and state sources. Federal and state laws regulate how the monies are spent. The following is a list of ONS funding sources and a brief description.

Federal

Maternal and Child Health Block Grant

This grant is available under Title V of the Social Security Act. The Office of Nutrition Services receives some of this money to fund a portion of its programs. The grant stipulates that the money be used for the development of comprehensive maternal and child health services and services to children with special needs.

U.S. Department of Agriculture

Under the Child Nutrition Act Amendments of 1972, the U.S. Department of Agriculture is authorized to provide grants to states for

a Special Supplemental Food Program for Women, Infants and Children (WIC). The Office of Nutrition Services has been administering this program in Arizona since 1974. Under the Food and Agriculture Act of 1977, the U.S. Department of Agriculture is also authorized to grant money to states to fund Commodity Supplemental Food Programs. The Office of Nutrition Services has been administering this program in Arizona since 1987.

Non-Federal

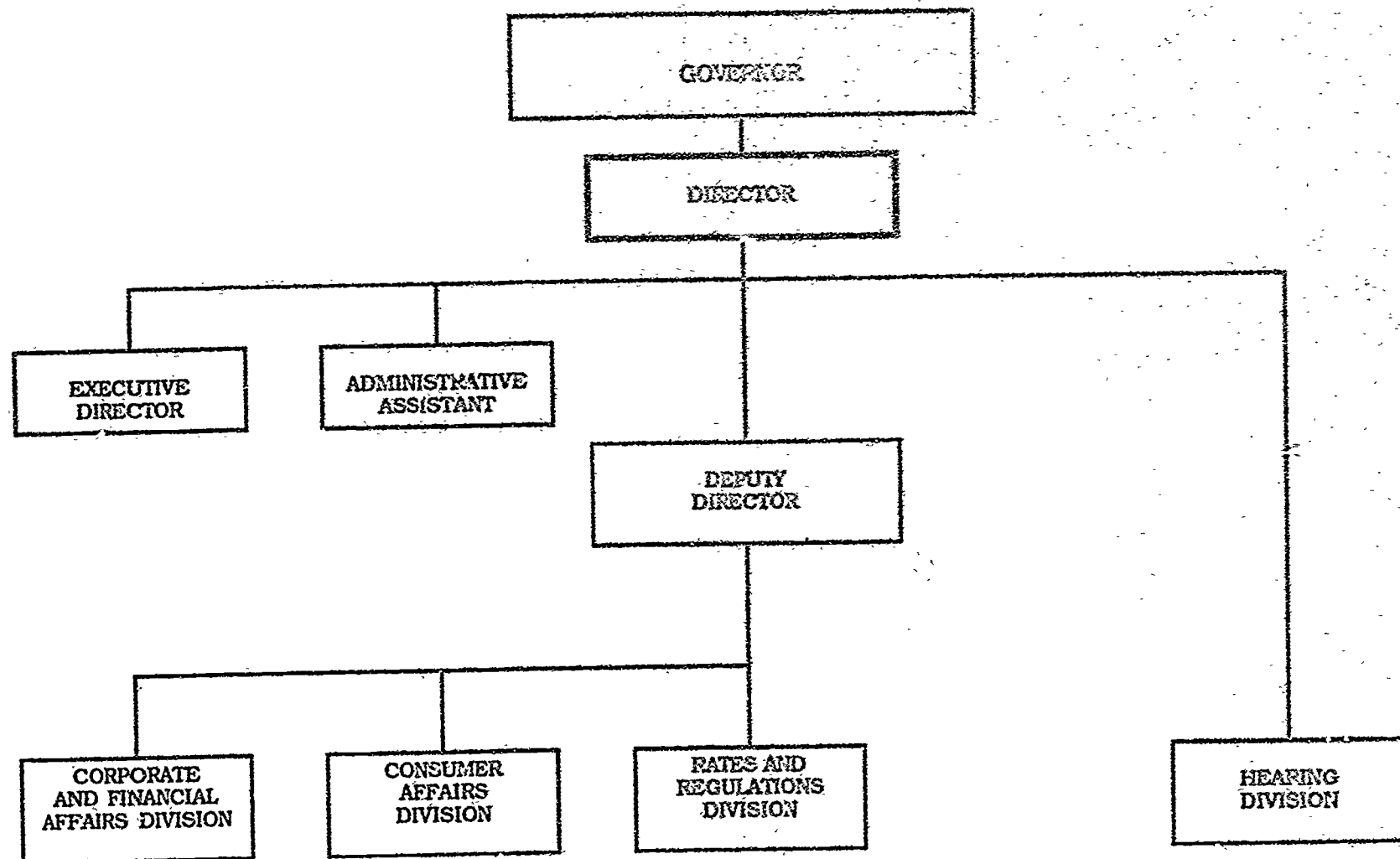
State General Fund

The Department of Health Services receives allocations from the state general fund. A certain amount of that money is earmarked by the state legislature to go to programs within the Office of Nutrition Services.

ADVISORY COUNCILS

The Office of Nutrition Services has an Advisory Committee which provides guidance in strengthening nutrition services for Arizona's population. In addition, there are special Nutrition Task Forces which are utilized to plan for specific groups. Currently, a Nutrition Task Force is working to develop a plan to strengthen nutrition services to children with special health care needs on a statewide basis.

DEPARTMENT OF INSURANCE



DEPARTMENT OF INSURANCE

Department of Insurance

Adoption

Advocacy

✱

Assessment/Evaluation

Audiological Services

Case Management

Child Find/Identification

Crisis Intervention

Day Care

Dental Services

Employment Assistance

Family Planning

Family Therapy/Counseling

Financial Assistance

Foster Care

Genetic Counseling

Home-Based Intervention

Home Health Care

Homemaker Services

Legal Services/Action

Licensing/Regulation

Medical Services

Nutritional Services

Occupational Therapist

Parent/Adult Education

Parent Support Groups

Physical Therapy

Preschool (3-5)

Prevention Serv

Protective Services

Psychiatric/Psychol

Public Awareness

Referral

Resident

Respite Care

Screening

Special Eq

Speech/L language T

Sibling Support Groups

Transition Services

Transportation

Transportation Vision Testing

VISION TESTING SERVICES

ARIZONA DEPARTMENT OF INSURANCE

The mission of the Department of Insurance is to administer the state insurance laws, protect the citizens of Arizona who purchase insurance, provide a better response to the needs of persons who purchase insurance, and to stimulate the insurance market by encouraging competition. The Department of Insurance is organized into four separate Divisions. Each Division represents separate programmatic responsibilities.

The Divisions selected for review are those that have a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This review does not necessarily include all of the functions of the Department of Insurance.

TABLE OF CONTENTS

Department of Insurance

Services

Life and Disability Section

Regulations Division 174

Consumer Affairs and

Investigations Division 174

ADDRESS

**Department of Insurance
Abacus Towers
3030 N. 3rd Street
Phoenix, AZ 85012
602-255-5438**

ARIZONA DEPARTMENT OF INSURANCE

MISSION

The mission of the Department of Insurance is to administer the state insurance laws, protect the citizens of Arizona who purchase insurance, provide a better response to the needs of persons who purchase insurance, and to stimulate the insurance market by encouraging competition.

STRUCTURE

The Department of Insurance is a state agency located in the executive branch of Arizona's government. The Department is organized into four separate divisions: (1) the Hearing Division, (2) the Corporate and Financial Affairs Division, (3) the Consumer Affairs and Investigations Division, and (4) the Rates and Regulations Division. All divisions, except the Hearing Division, report to the Deputy Director. The Hearing Division reports directly to the Director of the Department of Insurance. Each Division is supervised by an Assistant Director, with the exception of the Hearing Division which is headed by the Chief Hearing Officer.

The needs of children from birth to three years of age who are developmentally delayed or at risk for becoming developmentally delayed and their families are influenced the most by two divisions. These are the Division of Rates and Regulations Division and the Consumer Affairs and Investigations Division. For this reason, these two aspects of the Department of Insurance will be described in the remaining portions of this analysis.

SERVICES

As stated earlier, the Department of Insurance is organized into four separate divisions: (1) the Hearing Division, (2) the Corporate and Financial Affairs Division, (3) the Consumer Affairs and Investigations Division, and (4) the Rates and Regulations Division. The Life & Disability Section of the Rates and Regulations Division and the Consumer Affairs and Investigations Division impact most on children 0-3 who are developmentally delayed or at risk for developing a handicapping condition and their families and are discussed below.

Life & Disability Section of the Rates and Regulations Division

The Life and Disability Section is responsible for regulating the following:

1. Insurance advertising
2. Insurance policy forms
3. Rates and contracts utilized by life and health insurers
4. Health care service organizations
5. Hospital service corporations
6. Medical service corporations
7. Dental service corporations
8. Optometric service corporations
9. Prepaid dental plan organizations

The Life and Disability Section is also responsible for monitoring consumer complaints against life and health insurance companies and health care service organizations in order to determine the need for market conduct examinations. Although this section does not offer direct services to individuals, it does help to enforce Arizona statutes.

Consumer Affairs and Investigations Division

The Consumer Affairs and Investigations Division is responsible for conducting investigations for administrative hearing or litigation purposes resulting from violations of Arizona insurance laws. It also is responsible for implementing the Department's consumer assistance programs. This Division maintains offices in Phoenix and Tucson to provide easier access to the Department's services for Arizona consumers. Consumers can call or write the Consumer Assistance Program to receive these services.

In 1987 the Consumer Affairs and Investigations Division handled nearly 7,096 written complaints and responded to over 84,654 telephone inquiries. With the assistance of the Division staff, Arizona citizens were successful in obtaining settlements from insurers for over 8.3 million dollars. In addition, the Division issued 163 citations for unfair claims practices against insurers and conducted 153 investigations.

INTERAGENCY COORDINATION

The Department of Insurance coordinates its efforts with other state agencies in an effort to accomplish its stated mission. A brief description of this coordination follows.

1. Office of Health Facilities Licensure

The Office of Health Facilities Licensure is located within the Department of Health Services. The Department of Insurance works

with the Office of Health Facilities Licensure in licensing health care service organizations in Arizona. The Office of Health Care Licensure forwards copies of approved health care plans to the Department of Insurance for their approval. This is only required for health care service organizations and not for private and other types of insurers.

LAWS & REGULATIONS

The Department of Insurance is responsible for licensing insurance companies in the state of Arizona and enforcing compliance with state statutes as they relate to all insurance policies *delivered* in the state of Arizona. The site of delivery of the policy is the determining factor regarding whether or not that policy must comply with the Arizona statutes. Companies who fund their own insurance plans are "self-insured" and are not required to comply with Arizona law. The following is a brief description of state statutes which impact on insurance coverage for children from birth to 3 years of age who are developmentally delayed or at risk for becoming developmentally delayed and their families. These statutes cover regular medical policies which include sickness and accident coverage. The term "disability insurance" as used in the state statutes and this policy analysis refers to health insurance.

Federal

None

State

The Arizona state statutes categorize insurance law into three separate categories: (1) Individual Disability Insurance, (2) Group Disability Insurance, and (3) Long-term Insurance. For this reason, these categories will be discussed separately in the following section.

Individual Disability Insurance (Health)

Arizona Revised Statutes Section 20-1342

This statute sets out requirements for the scope and format of all individual disability insurance contracts delivered in the state of Arizona. Everything that must be included in each insurance policy is listed. The following concerns coverage that is particularly relevant to children 0-3 years of age who are developmentally delayed or at risk for a handicapping condition and their families.

1. Newborns

Automatic coverage is mandated for newly born children of the insured under a family coverage disability insurance policy. This coverage begins at the instance of the child's birth and covers injuries or sickness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium to the insured's health insurance plan is required upon the birth or addition of a new family member, notification of birth and payment of the premium must be furnished to the insurer within thirty-one days after the date of birth in order to have the coverage continue beyond the thirty-one day period. This depends on each individual insurance policy; state law only guarantees coverage for thirty-one days. Each individual should check his or her insurance policy to determine the notification requirements.

2. Adopted Children

An adopted child is automatically covered, regardless of age when adopted, for injury or sickness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium is required, notification of the adoption or adoption placement must be furnished to the insurer within thirty-one days after the date of birth or within thirty-one days after the adoption placement in order to have the coverage continue beyond the thirty-one day period.

In addition, any policy issued that provides coverage for maternity benefits shall also provide that the maternity benefits apply to the costs of the birth of any child legally adopted by the insured provided all of the following is true:

- a. the child is adopted within one year of birth;
- b. the insured is legally obligated to pay the costs of birth;
- c. all preexisting conditions and other limitations have been met by the insured; and
- d. the insured has notified the insurer within sixty days after the approval of adoption or within sixty days after a change in insurance policies, plans or companies.

3. Covered Services

Every contract shall pay benefits for the following:

- a. Performance of any surgical service which is covered by the terms of such contract, regardless of the place of service.

- b. Any home health services performed by a licensed home health agency which a physician has prescribed in lieu of hospital services. Coverage must be provided to the same extent as a stay in the hospital would be covered by the contract.
- c. Any diagnostic service which a physician has performed outside a hospital in lieu of inpatient service, providing the inpatient service would have been covered.
- d. Any service performed in a hospital's outpatient department or in a freestanding surgical facility, providing such service would have been covered if performed as an inpatient service.

Arizona Revised Statutes Section 20-1342.01

This statute creates an exception to age limits for coverage of dependent children in cases where that dependent child has a handicapping condition. A disability insurance policy that covers dependent children and states that such coverage shall terminate at a specified age must also provide coverage beyond that age for dependent children who are and continue to be both incapable of self-sustaining employment by reason of mental retardation or physical handicap and chiefly dependent upon the policyholder for support and maintenance. Proof of such incapacity and dependency shall be furnished to the insurer by the policyholder within thirty-one days prior to the child's attainment of the limiting age and thereafter as may be required by the insurer. Age limits will vary from policy to policy.

Arizona Revised Statutes Section 20-1342.02

Pursuant to this statute, the Director of the Department of Insurance may disapprove any disability policy form if the benefits provided in the policy form are unreasonable in relation to the premium charged.

Group Disability Insurance (Health)

Arizona Revised Statutes Section 20-1402

This statute contains the provisions for group disability policies which must be included in each group insurance policy delivered in the state of Arizona. Included in this statute is a listing of all such provisions. See A.R.S. Section 20-1342 above.

Arizona Revised Statutes Section 20-1407

This statute creates an exception to age limits for coverage to dependent children in cases where that child has a handicapping condition. See A.R.S. Section 20-1342.01 above.

Arizona Revised Statutes Section 20-1408

Pursuant to this statute, all persons with a group disability insurance policy delivered in Arizona shall have the right to convert to an individual policy upon the death of the named insured, the entry of a decree of dissolution of marriage, or any other condition (other than the failure of the insured to pay the required premium specifically stated in the policy) under which coverage would otherwise terminate as to a covered spouse or covered dependent children of the named insured.

Long-Term Care Insurance

Arizona Revised Statutes Section 20-1691

This statute defines long-term care insurance as an individual or group insurance policy or rider that is advertised, marketed, offered or designed to provide coverage for at least twelve consecutive months for each covered person on an expense-incurred, indemnity, prepaid or other basis for one or more necessary or medically necessary diagnostic, preventive, therapeutic, rehabilitative, maintenance, personal or custodial care services provided in a setting other than an acute care unit of a hospital.

Arizona Revised Statutes Section 20-1691.02

Limitations of long-term care insurance policies are listed in this statute. The following concerns coverage of areas that are of particular relevance to children 0-3 years of age who are developmentally delayed or at risk for developing a handicapping condition and their families:

1. Cancellation of Policy
No insurer may cancel, fail to renew or otherwise terminate a long-term care insurance policy solely on the grounds of the age or the deterioration of the mental or physical health of the insured individual or certificate holder.
2. Preexisting Condition Limitations
No preexisting condition limitation period in a long-term care insurance policy or certificate may exceed six months after the effective date of coverage of an insured who is sixty-five years of age or older on the effective date of coverage. If the insured is under sixty-five years of age, no preexisting condition limitation period may exceed twenty-four months after the effective date of coverage of the insured.

Arizona Administrative Code R4-14-802 AIDS Guidelines

These guidelines are proposed rules regarding testing for the Acquired Immune Deficiency Syndrome (AIDS) and providing benefits to individuals who have AIDS. These guidelines will be followed by companies until rules are formally adopted. The proposed AIDS Guidelines prevent insurers from using questions on disability insurance policies or health care plans which relate to: (1) sexual orientation of an applicant, (2) an applicant's receipt of blood transfusions, or (3) whether or not an applicant has had any AIDS-related test. However, applications may include questions of whether the applicant has been diagnosed or treated for AIDS or AIDS-related conditions or tested positive for the presence of antibodies to the AIDS virus. No adverse decision shall be made on the basis of prior positive AIDS-related tests unless the insurer has verified that the prior tests consisted of both a positive screening test and a positive supplemental test.

An insurer may test for infection by the AIDS virus in the same way that the insurer tests for other conditions that affect mortality and morbidity. When an applicant is requested to take an AIDS-related test, no adverse underwriting decision shall be made on the basis of a positive AIDS-related test unless the tests consist of both a positive screening test and a positive supplemental test. Results of such tests may not be released except as required by law or at the written request of the applicant.

Life or disability insurance policies or health care plans that provide benefits for prescription drugs shall provide benefits for Zidovudine (formally AZT) to the same extent as other prescription drugs.

Insurers shall not issue any contracts for delivery in Arizona which exclude AIDS or AIDS-related conditions from coverage. Benefits for AIDS and AIDS-related conditions shall be provided for in the same manner as are provided for all other diseases.

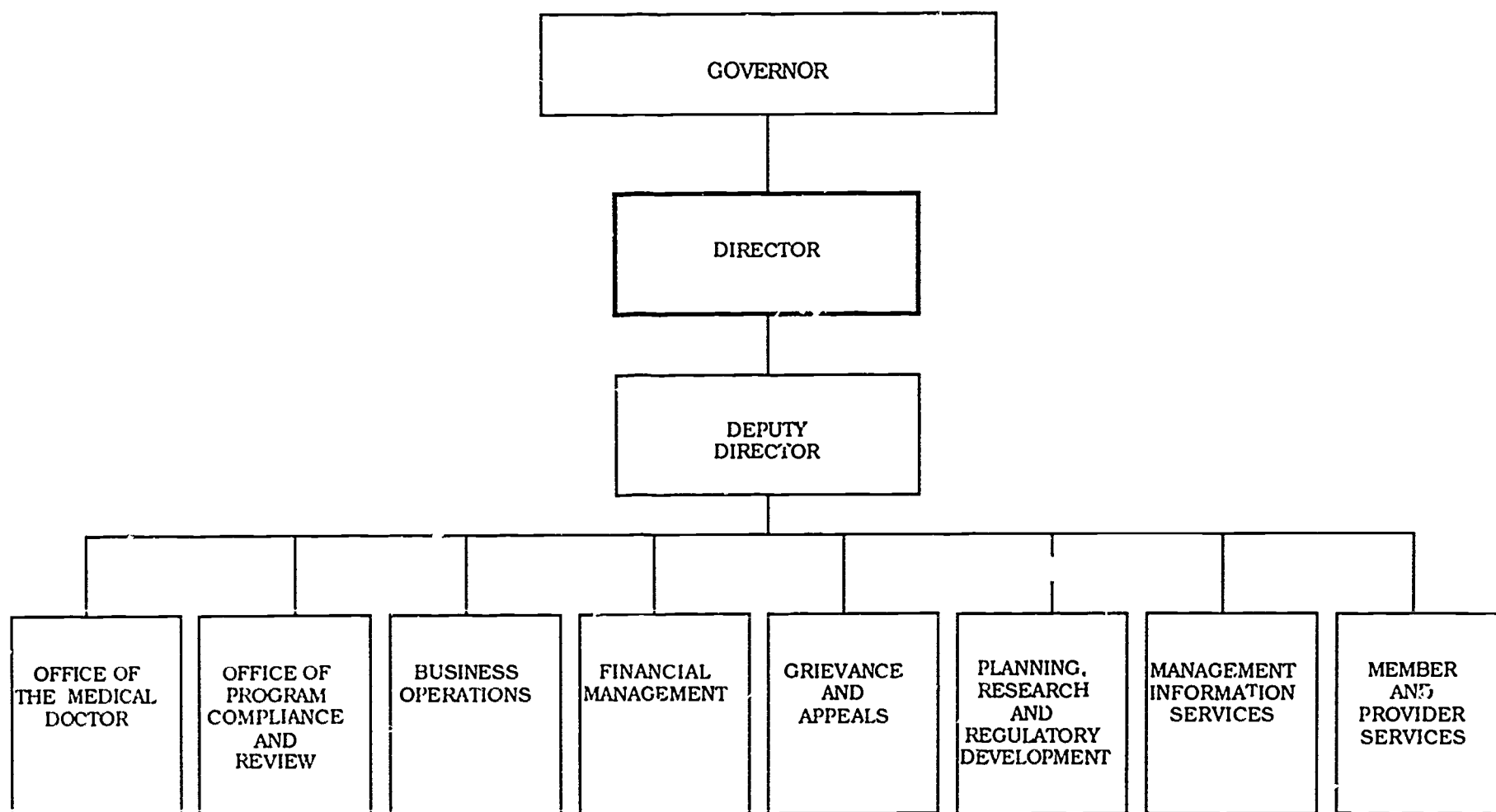
FUNDING

The Department of Insurance receives all of its operating money from the State General Fund. This is money that the state legislature appropriates each year to the various state agencies and programs. Although the Department of Insurance recovers a large amount of money in tax premiums each year, the Department does not receive any portion of that money.

ADVISORY COUNCILS

There is currently no Advisory Council for the Department of Insurance.

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

The Arizona Health Care Cost Containment System (AHCCCS) is the state agency which administers Arizona's health care program to low-income individuals in the state of Arizona who are unable to afford adequate medical services. AHCCCS regulates and monitors qualified contractors who provide health services to AHCCCS members.

The information selected for review in this section is that which has a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This review does not necessarily include all the program activities offered by AHCCCS.

TABLE OF CONTENTS

Arizona Health Care Cost Containment System (AHCCCS)

Eligibility

Categorically Eligible Groups	186
Medically Needy/Medically Indigent	188

Services

Covered Medical Services	189
Services For Children (EPSDT)	190
Long-Term Care	191

ADDRESS

Arizona Health Care Cost Containment System (AHCCCS)
801 E. Jefferson
Phoenix, AZ 85034
602-234-3655

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

MISSION

The Arizona Health Care Cost Containment System (AHCCCS) was established in the state of Arizona in 1982 as a demonstration project under Title XIX of the Social Security Act. This health care delivery network also serves non-Title XIX eligible people as authorized by Arizona law. The AHCCCS Administration is a state agency that administers an innovative program which assures delivery of quality health care to eligible members. This is accomplished through regulating and monitoring qualified Contractors who provide the health services. Contractors are chosen through competitive bidding and are awarded risk-sharing, and pre-paid capitated contracts. Although AHCCCS is designed to provide health care to Arizona residents unable to afford medical services, eligibility requirements must be met before such services are made available.

Goal

To develop and implement an alternative health care delivery and payment system, which facilitates cost containment and improved patient access while, at the same time, encourages quality care and efficient treatment patterns.

STRUCTURE

AHCCCS is a state agency in the Executive Branch of the Arizona State Government. The Director of AHCCCS reports directly to the Governor's office. Since AHCCCS receives federal grant money, the regional office of the U.S. Department of Health and Human Services, Health Care Financing Administration (HCFA), monitors AHCCCS to ensure that the federal dollars are being spent in compliance with federal regulations. As long as Arizona operates under a demonstration waiver, the national HCFA office of Research and Demonstrations also monitors and evaluates the AHCCCS program.

ELIGIBILITY

AHCCCS eligibility requirements are mandated by both state and federal law. There are several categories of eligibility which cover many groups of low-income families and children. Depending on the category of eligibility, determinations of eligibility are made at county AHCCCS offices, local DES offices, local Social Security Administration offices, or the AHCCCS Administration offices.

An appeals process exists for those who apply for AHCCCS benefits and are subsequently denied. The denial is appealed by filing for an appeal with the agency that made the initial eligibility decision.

Some groups of individuals are automatically qualified for AHCCCS under federal guidelines. These individuals are referred to as categorically eligible and are described below.

Categorically Eligible

1. Aid to Families with Dependent Children (AFDC)

A family receiving AFDC is automatically eligible for AHCCCS services. Applications to determine AFDC eligibility are processed by the local Department of Economic Security (DES) office. The DES office is required to furnish all applicants with: (1) written information provided by the AHCCCS Administration regarding AHCCCS services, (2) written and verbal information regarding the Early and Periodic Screening, Diagnosis, and Treatment Program, and (3) a written decision letter. A separate notice from AHCCCS provides the newly eligible person with enrollment information in the event that freedom of choice is available.

2. Supplemental Security Income (SSI)

Any person receiving Supplemental Security Income benefits is automatically eligible for AHCCCS services. SSI applications are processed through the Social Security Administration Office. The Social Security Office issues an "award letter" to applicants eligible for Supplemental Security Income.

Other Eligibles

1. Child Care Program (Group 1)

A child under 14 years of age who is also a recipient of the Federal Food Stamp Program is automatically eligible for AHCCCS. Eligibility for the Federal Food Stamp Program is determined by filling out an application at the local Department of Economic Security office. However, if the child is less than 8 years old, born on or after 10-1-83, in addition to eligibility for the Federal Food Stamp Program, an application for categorical coverage must be made at the DES office before he or she will receive AHCCCS benefits. AHCCCS eligibility is automatically communicated to the AHCCCS Administration for the applicant by the Department of Economic Security. DES is required to provide the AHCCCS eligible applicant with: (1) written information regarding covered AHCCCS services, and (2) written and verbal information on the AHCCCS Early Periodic Screening, Diagnosis and Treatment Program. AHCCCS provides a notice of eligibility to these eligibles and directs them to an enrollment office.

2. Child Care Program (Group 2)

This group consists of children under 14 years of age whose family household income exceeds the AHCCCS Medically Needy/Medically

Indigent guidelines, but is below the Federal Poverty Line. These children are AHCCCS eligible as long as the family meets the Medically Needy/Medically Indigent resource requirements (assets of less than \$50,000). Eligibility is determined through local AHCCCS county eligibility offices. When eligibility is determined the local AHCCCS office automatically communicates this to the Central AHCCCS Administration Office. Once eligibility is determined, a health plan can be selected.

3. S.O.B.R.A.

This group consists of two subgroups: (1) children who were born after September 30, 1983, and are under 8 years of age whose family income is below the Federal Poverty Line, and (2) pregnant women whose household income is below the Federal Poverty Line. S.O.B.R.A. eligibility groups are authorized under the Sixth Omnibus Budget Reconciliation Act of 1987 (discussed later in this section). There are no resource requirements for eligibility under these categories. Application for AHCCCS eligibility under S.O.B.R.A. is made at either the county AHCCCS office or the local DES office which then automatically notifies the AHCCCS Administration of S.O.B.R.A. eligible individuals. The eligible individual will be referred to the local AHCCCS enrollment office where a health plan can be selected.

4. Ribicoff Children

Children from birth through 17 years of age whose family incomes are below the AFDC income and resource guidelines make up this group; however, household structure varies slightly from AFDC. Eligibility is determined by the local DES office which then automatically notifies the AHCCCS Administration. The individual is then referred to the local AHCCCS enrollment office where a health plan can be selected.

Native American Categorically Eligible

The above categorically eligible groups apply equally to Native Americans living both on and off the reservation in Arizona. Categorically eligible Native Americans may choose to have Indian Health Services (IHS) as their Contractor or may choose from another Contractor in their area. Native Americans living on the reservation who do not select a Contractor are automatically enrolled in IHS; those living off the reservation who do not select a contractor are automatically assigned to a Contractor in their area. Those living on the reservation who choose a Contractor other than IHS are agreeing to go off-reservation to utilize the Contractor's services.

All Native Americans maintain their rights to use Indian Health Service facilities. However, if an IHS facility renders medical services to a Native American

who is enrolled with a Contractor without authorization from that Contractor, neither AHCCCS nor the Contractor will be responsible for any reimbursement to IHS. When IHS renders services to a categorically eligible Native American who is not enrolled with another Contractor, AHCCCS will pay these charges on a fee-for-fee basis, when all prior authorization protocols have been met and after the receipt of proper and complete AHCCCS invoice billings.

All categorically eligible members have an administrative redetermination automatically every six months.

Medically Needy/Medically Indigent (MN/MI)

Medically needy and medically indigent individuals may apply for AHCCCS benefits at the local County AHCCCS office. Each county office maintains a staff of eligibility workers to process the applications. County eligibility determinations must be made within 30 days upon receipt of the application. The income eligibility level is mandated by Arizona statute.

Those eligible under the Medically Needy/Medically Indigent group must meet income and resource requirements. An individual who, after deducting allowable medical expenses, has a net income of less than \$3,200 a year and a net worth of less than \$50,000 is eligible. The \$3,200 for the first individual is increased by 33-1/3 percent for the first dependent and an additional 17 percent of the base for each subsequent dependent.

When a Medically Needy/Medically Indigent individual applies for AHCCCS eligibility, the county AHCCCS office gives them a service starting date and an ending date. This is a six month period for most people and could go as long as twelve months for a homebound individual. The AHCCCS member is responsible for making a redetermination appointment with the county eligibility worker before his/her eligibility expires. This will prevent a lapse in coverage. A notice letter is provided to the AHCCCS member reminding them of the need to make a redetermination appointment prior to the end of their eligibility period.

Native American MN/MI Eligible

MN/MI eligible Native Americans living on reservation are automatically enrolled with Indian Health Services (IHS). Native American MN/MI eligible members living off the reservation are automatically assigned to a Contractor. However, each year categorical and MN/MI off-reservation members may choose a new Contractor during open enrollment. The Contractor is capitated (paid) and is responsible for the provision of all AHCCCS covered services to those members who choose that Contractor during open enrollment.

SERVICES

Accessing Services

The AHCCCS System is a five-way partnership between the State, its counties, the federal Health Care Finance Administration, the Contractors and AHCCCS eligible persons.

AHCCCS members are enrolled in health plan Contractors. The Contractor is expected to maintain quality health care standards while providing the contracted services and meeting the obligations set forth in its contract with the AHCCCS Administration. The Contractors are paid monthly fees to provide the members with health care.

Enrollment Procedures

Medically Needy/Medically Indigent eligible persons are automatically assigned to Contractors by the Administration and can not choose their own plan. However, once per year an open enrollment is held. At that time, the MN/MI eligible person may change Contractors. For individuals who are categorically eligible (EAC or ELIC), the AHCCCS member is allowed to choose his or her health plan from the plans available within his or her area. If a plan is not chosen by the member within a certain time period, then that member will be assigned a Contractor by the Administration. The following groups can choose a Contractor:

1. AFDC Eligible
2. SSI Eligible
3. Child Care Program (Group 1)
4. Child Care Program (Group 2)
5. S.O.B.R.A.
6. Ribicoff

Services

Title XIX of the Social Security Act is more commonly referred to as Medicaid. The medical assistance program offered to states under Title XIX requires every state receiving Title XIX money to offer some mandatory services to recipients of the medical programs. States may, however, limit the amount, duration and scope of such mandated services as long as adequate care is provided. Title XIX of the Social Security Act also allows certain optional services which states may offer in their medical programs if they desire. These optional services must be specified in the state's plan and approved by the Health Care Financing Administration (HCFA).

The following is a list of mandatory services the Arizona legislature has approved to be offered by AHCCCS:

1. Outpatient health services which are medically necessary and ordinarily provided in hospitals, clinics, offices and other health care facilities by licensed health care providers. Outpatient health services include services provided by or under the direction of a physician but do not include occupational therapy, or speech therapy for adults;
2. Inpatient hospital services which include services ordinarily furnished by a hospital for the care and treatment of inpatients that are medically necessary and provided under the direction of a physician;
3. Laboratory and X-ray services;
4. Pregnancy Care;
5. 24-hour emergency medical care and emergency transportation;
6. Emergency dental and emergency mental health care;
7. Pharmacy services, medical supplies, and prosthetic devices;
8. Treatment of medical conditions of the eye including eye examinations for prescriptive lenses and the provision of prescriptive lenses;
9. Medically necessary kidney, cornea, and bone transplants and immunosuppressant medications for these transplants;
10. Family Planning Services;
11. Podiatry services performed by a podiatrist and ordered by a primary care physician.
12. EPSDT

Arizona has chosen not to offer some optional services. The optional services that are not offered by AHCCCS include: (1) private duty nursing, (2) occupational therapy, (3) psychiatric services for individuals under 21 years of age and over 65 years of age, and (4) case management services. However, it should be noted that occupational therapy is covered for children as long as it is medically necessary and rehabilitative.

Each AHCCCS member chooses or is assigned a primary care physician from the Contractor's list of physicians. Coordination of necessary covered medical services is made through the primary care physician. Appointments are made directly with the physicians in most instances.

Services especially for children

AHCCCS has a special Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT) for children under the age of 18 years who are AHCCCS qualified. The EPSDT program consists of free preventive exams and services. These services include the following:

1. Complete physical exams;
2. Nutritional information and assessments;
3. Eye exams and glasses, if needed;

4. Hearing tests and hearing aids, if necessary;
5. Dental screening, exams and treatment;
6. Screening for anemia and TB;
7. Shots; and
8. Lab work.

EPSDT screening check-ups for certain services are performed at the following ages:

- | | |
|-----------------|-----------------|
| 1. 1-14 days | 7. 2-3 years |
| 2. 2 months | 8. 4-5 years |
| 3. 4 months | 9. 6-9 years |
| 4. 6 months | 10. 10-13 years |
| 5. 9-12 months | 11. 14-17 years |
| 6. 15-18 months | |

Contractors are required to notify individual AHCCCS members that their child is due for a preventative exam. There are no limitations on the number of well-child health visits an individual AHCCCS member can have.

Services are paid by AHCCCS to the Contractors at the competitively-awarded rate. Individual providers contract with the Contractors and are paid by the Contractor at an agreed upon rate. These arrangements between the Contractors and their providers may be employment contracts, FFs, capitations, or other reimbursement mechanisms. However, members pay a small co-payment fee for certain visits: (1) doctor's office and home visits--\$1.00 per visit; (2) elective, non-emergency surgery--\$5.00 per procedure; (3) non-emergency use of emergency room--\$5.00 per visit. All other services, including EPSDT, are at no charge to the AHCCCS member. An AHCCCS member will not be denied care because he/she can not pay the co-payment.

Long-Term Care

A long-term care program called the Arizona Long-Term Care System (ALTCS) is now in place in Arizona and is administered by AHCCCS. ALTCS includes a community-based waiver program under Medicaid. Only applicants who are at risk of institutionalization and meet other financial requirements are eligible for ALTCS benefits. ALTCS includes the management and delivery of hospitalization, medical care, institutional services, and home and community-based services to eligible individuals. Intermediate Care Facilities for the mentally retarded are also available for institutional care through the Arizona Long Term Care System. AHCCCS has full operational responsibility for ALTCS and contracts with program contractors for comprehensive service delivery plans. The Division of Developmental Disabilities is the program contractor for ALTCS members who are developmentally disabled and are determined to need or be at risk for

institutionalization. Elderly and physically disabled are served by separate Program Contractors (i.e., county governments, private groups, or the AHCCCS Administration itself).

Eligible applicants generally fall into three basic groups: (1) elderly, (2) physically disabled, and (3) developmentally disabled. However, children and pregnant women needing long-term care services for other reasons may be eligible if they meet the financial and medical eligibility criteria. Every applicant must meet financial and medical eligibility requirements to receive ALTCS services. Financial and medical eligibility is determined by the Arizona Health Care Cost Containment System (AHCCCS). There are two categories of individuals who are automatically financially eligible for ALTCS benefits. These are individuals who either are receiving Supplemental Security Income (SSI) benefits or Aid to Families with Dependent Children (AFDC) benefits. All other individuals have their financial eligibility determined by ALTCS based on their countable resources (or assets) and income, except for pregnant women and children under age 6 and their families who do not have to meet any resource limitations for that child or pregnant woman to be considered financially eligible. Resource limitations are as follows:

1. Applicants 65 or older, blind, or disabled can not have countable resources in excess of \$2,000 per individual or \$3,000 per couple;
2. Children 6-18 years of age and their families have a resource limit of \$1,000.

In addition to the foregoing resource limitations, gross monthly income for the applicant's household can not be more than \$1,104.

Every applicant who is financially eligible must also meet the Pre-Admission Screening (PAS) requirements before being enrolled in the ALTCS program. The PAS is conducted by a registered nurse and social worker to determine the need for long term care and the best method of treatment. Only applicants who are at risk of institutionalization, as determined in the Pre-Admission Screening, will be eligible for ALTCS benefits.

Eligibility for the Arizona Long-Term Care System (ALTCS) for developmentally disabled individuals as it relates to children from 0-3 years of age who are developmentally disabled or at risk for developing a handicapping condition is based on the following criteria:

1. Programmatic eligibility will be determined by AHCCCS using a pre-admission screening instrument which measures developmental milestones. A child will be determined programmatically eligible if the pre-screening results indicate he or she is at risk for institutionalization; and

2. Financial eligibility is also determined by AHCCCS. Children receiving Supplemental Security Income (SSI) or Aid to Families with Dependent Children (AFDC) are considered financially eligible (although further paperwork must be filed). Children 0-6 years of age who do not receive SSI or AFDC have no limit on the amount of total family resources, but family income can not exceed \$1,104 per month.

In addition to the above requirements, individuals must be developmentally disabled (as determined by the Division of Developmental Disabilities) according to the current state requirements to be considered developmentally disabled under ALTCS and have DES as their Program Contractor.

Long-term care services available to all ALTCS members and provided by all ALTCS program contractors include the following:

1. Skilled nursing facility services other than services in an institution for tuberculosis or mental disease;
2. Intermediate care facility services, other than services in an institution for tuberculosis or mental disease;
3. Hospice services which include a program of palliative and supportive care for terminally ill members and their families;
4. Case management services; and
5. Health and medical services as provided in Arizona Revised Statutes Section 36-2907 (AHCCCS covered services) and listed earlier in this section.

As the program contractor for eligible ALTCS members who are developmentally delayed, the Division of Developmental Disabilities is required by statute to provide the following home and community-based services in addition to the services described above:

1. Home health services;
2. Home health aide;
3. Homemaker services;
4. Personal care;
5. Developmentally disabled day care;
6. Habilitation including physical therapy, occupational therapy, speech/audiology, special developmental skills, sensory-motor development, behavior intervention, and orientation and mobility;
7. Respite care;
8. Transportation; and
9. Other services approved by the Director of AHCCCS.

Home and community-based services are also provided under the Arizona Long-Term Care System (ALTCS) to members who are not developmentally disabled. These services include the following:

1. Home health services;
2. Home health aide;
3. Homemaker services;
4. Personal care;
5. Adult day care;
6. Habilitation including physical therapy, occupational therapy, speech/audiology, special developmental skills, sensory-motor development, behavior intervention, and orientation and mobility;
7. Respite care;
8. Transportation; and
9. Home delivered meals.

INTERAGENCY COORDINATION

AHCCCS works with several other Arizona state agencies to provide health care to low-income families throughout Arizona. This interagency coordination is designed to ensure that all AHCCCS eligible families, children, and individuals receive adequate health care services through the AHCCCS program. These agencies include the following:

1. Children's Rehabilitative Services (CRS)
Children's Rehabilitative Services is located within the Department of Health Services, Division of Family Health Services. Although AHCCCS eligible children have a primary plan for "primary care", "special care services" can be obtained through Children's Rehabilitative Services for children who meet the medical and financial eligibility requirements for CRS. Although CRS provides the services, AHCCCS pays for those services. This arrangement is accomplished through a contract between the two agencies.
2. Department of Economic Security (DES)
AHCCCS eligibility for some categorically eligible groups is determined by the Department of Economic Security at their local offices. These include children receiving AFDC, a child care group, S.O.B.R.A., and Ribicoff children. Once eligibility for individuals from these groups is determined, the Department of Economic Security then notifies AHCCCS of this eligibility. When AHCCCS is notified of this eligibility, the individual or family is directed to the local AHCCCS enrollment office to choose a Contractor. This and other administration functions are governed by a formal agreement between AHCCCS and the Department of Economic Security.

3. **Social Security Administration (SSA)**
The local Social Security Administration office determines eligibility for Supplemental Security Income benefits (SSI). Once someone is determined SSI eligible, they are automatically eligible for AHCCCS. The Social Security Administration then notifies AHCCCS of this eligibility.
4. **Division of Developmental Disabilities (DDD)**
The Division of Developmental Disabilities is located within the Department of Economic Security. AHCCCS coordinates with the Division of Developmental Disabilities in a long-term health care program authorized under Title XIX of the Social Security Act. This program provides long-term health care to individuals with developmental disabilities who meet ALTCS financial and medical eligibility.
5. **Office of Dental Health**
The Office of Dental Health is located within the Department of Health Services, Division of Family Health Services. The Office of Dental Health provides consultation services to AHCCCS in an effort to assure quality dental care programs. This is a formal agreement between the two agencies.
6. **Office of Nutrition Services (ONS)**
The Office of Nutrition Services is located within the Department of Health Services, Division of Family Health Services. Efforts at enhanced coordination are underway between the Office of Nutrition Services and AHCCCS to provide a mechanism for referrals between the WIC/Commodity Supplemental Food Programs and AHCCCS providers. Some plans for this coordination include: (1) joint meetings and training with local agency nutrition program personnel and Early and Periodic Screening, Diagnosis and Treatment coordinators, and (2) media outreach programs to increase early entry into services and referrals between programs.
7. **Comprehensive Medical/Dental Program for Foster Children (CMDP)**
AHCCCS eligible children who are in foster care receive AHCCCS covered services, including EPSDT, through the Comprehensive Medical/Dental Program. The Department of Economic Security pays the providers for the services like a contractor. AHCCCS capitates the Department of Economic Security for the services to AHCCCS eligible foster children. This is part of a formal agreement between AHCCCS and the Department of Economic Security.

8. Indian Health Services (IHS)

AHCCCS coordinates with the Indian Health Services in the provision of medical services to AHCCCS eligible Native Americans living both on and off the reservation. Indian Health Services is paid fee-for-services rendered to AHCCCS eligible Native Americans who are enrolled with IHS through the AHCCCS program.

LAWS & REGULATIONS

The Arizona Health Care Cost Containment System (AHCCCS) is authorized and regulated by Federal as well as State Law. This legislation can control eligibility requirements, services offered, and payment procedures for AHCCCS. The following is a brief description of applicable Federal and State Law:

Federal

Title XIX of the Social Security Act, of 1965 P.L. 89-97

The original legislation under this provision of the Social Security Act of 1965 was authorized with the goal of improving the accessibility and quality of medical care for all low-income Americans. It gave statutory authority for federal-state partnerships in order to provide Medical Assistance Programs and is more commonly known as Medicaid. Medicaid is an entitlement program that provides for cost-sharing between the states and the federal government. These programs reimburse states for Title XIX medical assistance. Amendments to this legislation have created a primary source of funding for health care related services to children with developmental disabilities.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

This Act required any state opting for a medically needy program under Title XIX to provide medically needy prenatal and delivery coverage for pregnant women and ambulatory services for children.

Deficit Reduction Act of 1984 (DEFRA), P.L. 98-369

This Act expanded medical coverage for pregnant women and young children who do not meet AFDC income and resource requirements, but meet other income and resource requirements set by the state. This expanded coverage included Ribicoff children.

Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), P.L. 99-272

This Act amended Section 4101 of the Social Security Act to allow states to provide medical assistance for children from birth through 17 years of age who meet less stringent resource and income requirements.

In addition, mandatory coverage of pregnant women in 2-parent families who meet the income and resource standards of the AFDC program and are employed more than 100 hours per month was required. This coverage was extended to cover 60 days after the end of pregnancy.

Sixth Omnibus Budget Reconciliation Act of 1986 (S.O.B.R.A.), P.L. 99-509

This amendment to the Social Security Act mandated states to provide medical coverage to certain pregnant women, infants, and children under the age of eight years whose household incomes are below the federal poverty line. These groups are required to meet any resource requirements. The provisions in this Act covered optional groups at each state's election. This Act also included a state option to provide "presumptive eligibility" for pregnant women while their application is processed.

Omnibus Budget Reconciliation Act Amendments of 1987 (OBRA 1987), P.L. 100-203

These amendments allow states to increase the age limits for the S.O.B.R.A. children. Children who were born after September 30, 1983, and are under eight years of age are now eligible for the S.O.B.R.A. program. They also provided a state option to cover all pregnant women and children under age one with incomes below 185% of the federal poverty line, and allowed states to increase this optional coverage to children up to five years of age.

In addition, states have the option to cover all children under 8 years of age with family incomes under 100% of the federal poverty line. The Act also gave states the option to disregard assets in determining eligibility for pregnant women and children and to provide continuous eligibility throughout pregnancy regardless of any change in family income.

Medicare Catastrophic Coverage Act of 1988, P.L. 100-360

This Act mandated coverage of all pregnant women and children under one year of age whose family incomes are at or below the federal poverty line by July 1, 1990. By July 1, 1989, states must cover women and infants with family incomes below 75% of the federal poverty line. In addition, this Act establishes a new section 1903(c) which states that nothing in the Medicaid statute shall be construed as prohibiting or restricting payment for covered services furnished to an infant, toddler, or child with a handicapping condition because such services are included in an individualized education program (IEP) established pursuant to Part B of the Education of the Handicapped

Act or in an individualized family service plan (IFSP) adopted pursuant to Part H of that Act. Thus, state Medicaid agencies are responsible for providing "related service" to children with handicapping conditions, to whatever extent they are covered under the state's Medicaid plan. "Related services" include speech pathology and audiology services, occupational therapy, physical therapy, psychological services, and medical services for diagnostic and evaluation purposes.

State

Arizona Revised Statutes, Section 36-2903 et seq

Section 36-2903 authorizes Arizona to establish the Arizona Health Care Cost Containment System. Sections 36-2904 through 36-2907 indicate what medical services AHCCCS covers and the eligibility requirements.

Arizona Revised Statutes, Section 36-291 through 36-2958

These statutes contain provisions for the Arizona Long-Term Care Services System (ALTCS) and include, but are not limited to, definitions, duties of the Director of AHCCCS, eligibility determination and criteria, pre-admission screenings, covered services, and program contractors.

FUNDING

Funding for AHCCCS is available through both federal and state sources. Federal and state laws regulate how the monies are spent. In the AHCCCS program, eligibility categories determine which funding source, federal or state, pays for the medical services of a particular AHCCCS member. The following is a list of funding sources and which eligible category they fund:

Federal

1. Title XIX of the Social Security Act and Amendments

The Health Care Financing Administration (HCFA) provides Title XIX grant money to the state of Arizona for the AHCCCS program. This federal money may be used only for categorically eligible AFDC-related and SSI-related individuals. The Sixth Omnibus Reconciliation Act (S.O.B.R.A.) amended Title XIX to now include funding to cover other categorically eligible AHCCCS members. These groups are: (1) S.O.B.R.A. children, (2) Ribicoff children, and (3) eligible pregnant women.

Non-Federal

1. State and County

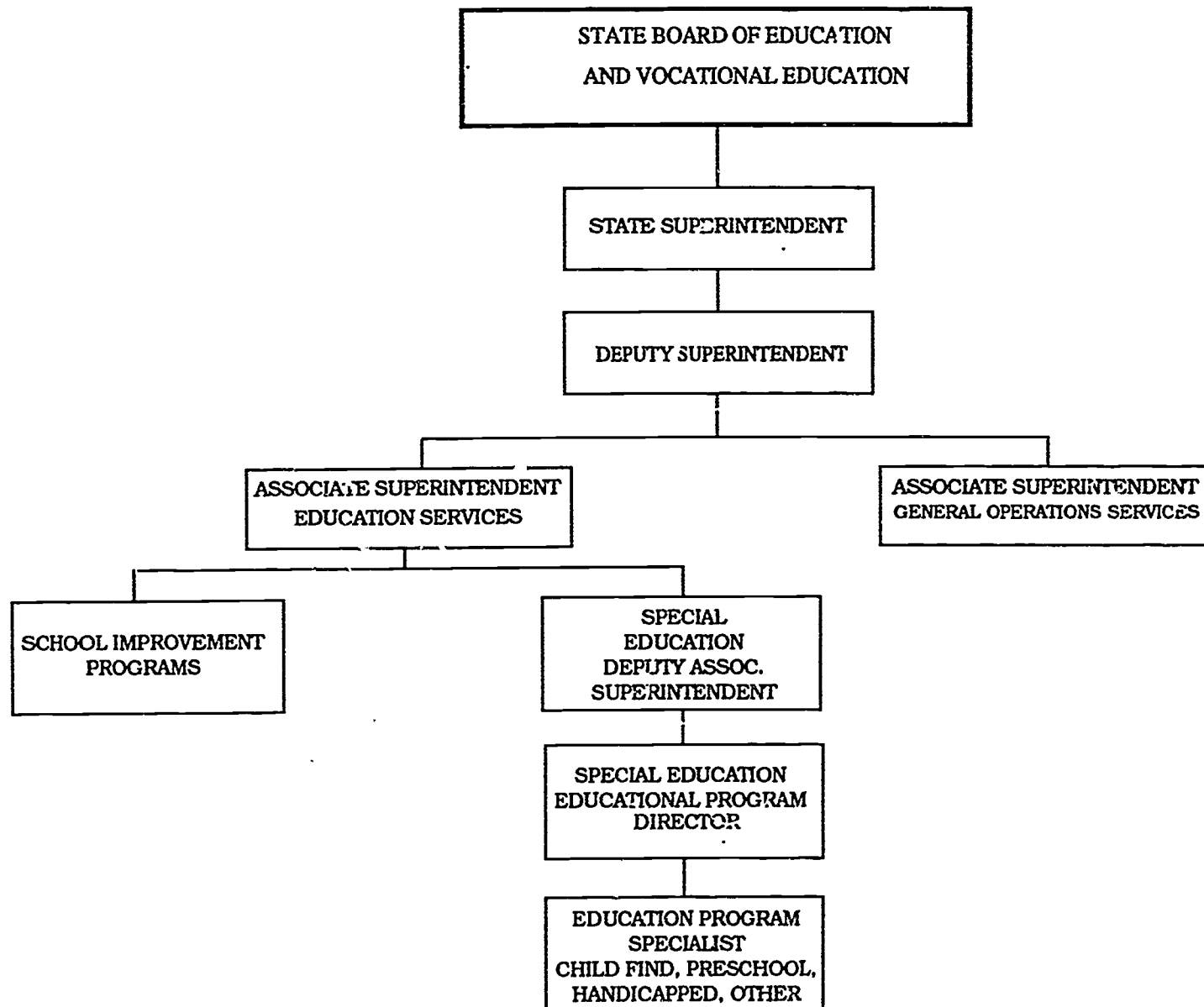
A combination of state and county funds is used to finance the remaining eligibility groups and match federal monies used to fund categorical groups.

ADVISORY COUNCILS

State Medicaid Advisory Council

This council meets quarterly to advise the state of Arizona on AHCCCS and its programs.

**STATE BOARD OF EDUCATION
AND VOCATIONAL EDUCATION**



SUMMARY MATRIX OF SERVICES BY AGENCY

ARIZONA STATE BOARD OF EDUCATION

TYPES OF SERVICES

Arizona State Board of Education

Arizona Department of Education
Special Education

Adoption
Advocacy
Assessment/Evaluation
Audiological Services
Case Management
Child Find/Identification
Crisis Intervention
Day Care
Devel. al Services
Employment Assistance
Family Planning
Family Therapy/Counseling
Financial Assistance
Foster Care
Genetic Counseling
Home-Based Intervention
Home Health Care
Homemaker Services
Legal Services/Action
Licensing/Regulation
Medical Services
Nutritional Services
Occupational Therapy
Parent/Adult Education
Parent Support Groups
Physical Therapy
Preschool (3-5)
Prevention Services
Protective Services
Psychiatric/Psychological Services
Public Awareness
Referral
Residential Programs (0-3)
Respite Care
Screening
Special Equipment
Speech/Language Therapy
Sibling Support Groups
Transition Services
Transportation
Vision Testing/Services

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ARIZONA STATE BOARD OF EDUCATION

The mission of the Arizona State Board of Education is to promote opportunities for an appropriate, quality education on an equitable basis for all school children in Arizona, and to protect and enhance the Arizona public school system. The Board serves as the governing and policy determining body of the Arizona Department of Education.

The information selected for review in this section is that which has a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This review does not necessarily include all of the duties or policies of the Arizona State Board of Education.

TABLE OF CONTENTS

Arizona State Board of Education

Special Education Policies and Procedures

Public Awareness	207
Identification	208
Referral	208
Evaluation	208
Placement	208
Due Process Standards	210

Arizona Department of Education

Special Education Section

Eligibility	219
Services	223

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**Special Education Section
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ARIZONA STATE BOARD OF EDUCATION

205

197

ARIZONA STATE BOARD OF EDUCATION

MISSION

The mission of the Arizona State Board of Education is to promote opportunities for an appropriate, quality education on an equitable basis for all school children in Arizona, and to protect and enhance the Arizona public school system through the adherence to state and federal law, the development and enforcement of policies, rules, and regulations for the governance of the State Board and the Arizona Department of Education, and the maintenance of the highest standards of program and fiscal accountability in the Arizona public schools.

STRUCTURE

The Arizona State Board of Education is established by Article XI of the Arizona Constitution, while its duties and powers are prescribed by statutory law. The State Board of Education serves as the governing and policy determining body of the Department of Education. The Board is composed of the Superintendent of Public Instruction, the president of a state university or college, 3 lay members, a member of the State Board of Directors for Community Colleges, a superintendent of a high school district, a classroom teacher, and a county school superintendent. The Superintendent of Public Instruction is the executive officer of the State Board of Education. Members, other than the Superintendent of Public Instruction, are appointed by the governor for 4 year terms.

SPECIAL EDUCATION POLICIES AND PROCEDURES

The Arizona State Board of Education has established a set of special education policies and standards to be followed by public schools and state supported institutions. The standards include the following areas: (1) Public Awareness, (2) Identification, (3) Referral, (4) Evaluation, (5) Placement, and (6) Review of Special Education Placements. These areas are discussed below.

Public Awareness

The Board's regulations require that all public schools and state supported institutions be responsible for creating public awareness of special education opportunities and for advising parents of the rights of handicapped children. In addition, public schools and state supported institutions are required to cooperate with the Arizona Department of Education, local human services agencies, private schools, and parent groups to develop and implement procedures for locating

handicapped children who are not in school or who do not have access to special education programs and for making an appropriate program available to these children.

Identification

Each public school and state supported institution is required to establish and disseminate to school personnel written procedures for identifying children who have not been previously identified as requiring special education. The identification procedures shall include consideration of academic progress, visual, hearing, communication, emotional and psychomotor problems, and reading skills. These procedures are to be completed within 45 calendar days after enrollment for each kindergarten student and new student enrolling without records. If a possible handicap is indicated, the teacher or other school personnel shall submit the name of the child to the chief administrative official or designee for referral for evaluation or other appropriate services. Documentation of the identification procedures utilized, the date, and the results shall be maintained in the child's permanent records.

In addition, the regulations specify that the primary language of the home and the child, and the racial/ethnic background of the child be included in the child's permanent record. All advice, consultation, placement, and other communication shall be in the primary language of the home.

Referral

Referral of a child for evaluation for possible placement in a special education program and related services is required to be made under the direction of the administrator after documenting the written consent of the parent or guardian. Parents or guardians may request a referral of their child for an evaluation as well.

Evaluation

An evaluation, in writing, appropriate to the child's educational needs shall be conducted by a multidisciplinary team or group of persons including at least one teacher or other specialist with knowledge in the area of the suspected disability. Tests and other evaluation methods shall be administered in the child's primary language and shall have been validated for the specific purpose for which they are used. Specific evaluation procedures are listed in depth in the Administrative Code. All evaluations of children being considered for special education placement shall be completed within 60 days of the written notice of referral.

Placement

A multidisciplinary conference is held following the evaluation of a child for whom special education placement and related services are being considered. The purpose of the conference is to discuss the following:

1. Results of the evaluation;
2. Eligibility of special education placement;
3. Proposed alternative programs, such as regular classroom, special classes, separate schooling, supplementary aids and services;
4. Parental rights in regard to obtaining an independent evaluation, assurance that placement will not be changed without their consent, their right to review of placement and records, and their right to withhold or withdraw the consent to special education placement; and
5. Parental rights to an independent educational evaluation at public expense if the parent disagrees with an evaluation obtained by the public schools or state supported institution. The public school or state supported institution may initiate a hearing to show that its evaluation is appropriate. If the final decision is that the evaluation is appropriate, the parent still has the right to an independent educational evaluation, but not at public expense.

Upon the recommendation of the multidisciplinary team, the school administrator shall place the child, except that no child shall be placed or retained in a special education program without the written approval of parent or guardian. The recommended programs and services shall be provided as soon as possible, but not later than 15 school days after authorization, unless such placement would occur after May 1st. An individualized education plan (IEP) must be developed for every child with a handicapping condition prior to placement in a special education program. The following people should participate in the development of the IEP: (1) a representative of the local education agency or state supported institution, (2) the child's teacher, (3) one or both of the parents, and (4) the child, where appropriate. In addition, these individualized education plans must be reviewed annually and revised if necessary. The IEP for each child must include the following:

1. A statement of the child's present levels of educational performance;
2. A statement of annual goals;
3. A statement of short-term instructional objectives;
4. A statement of the specific special education and related services to be provided to the child;
5. A description of the extent to which the child will be able to participate in regular education programs;
6. The projected date for initiation and anticipated duration of services; and
7. Appropriate objective criteria, evaluation procedures, and schedules for determining whether instructional objectives are being achieved on at least an annual basis.

Review of Special Education Placements

All special education placements, including those in private schools, shall be made on a trial basis. The placement and educational development of each child shall be reviewed once each semester and a copy of the results are submitted to the parent or guardian of the child. Each Individualized Education Plan shall be reviewed and revised as necessary, but at least once each school year. Written parental consent is required for continuation of or a change in the special education placement.

Special Education Preschool Programs

Any local education agency may apply to the State Board of Education for funding for a special education preschool program. A child may not be admitted to a preschool program for handicapped children unless the child is evaluated and recommended for placement as provided in Arizona Revised Statutes Section 15-766 and 15-767. All special education preschool programs must be operated in accordance with state and federal laws and regulations applicable to the education of the handicapped child. In addition, students enrolled in a preschool program must receive a minimum of 360 minutes of instruction per week in a program that operates at least 3 days per week.

Due Process Standards Relating to Special Education

Each local educational agency and state supplemented institution is required to establish policies and procedures concerning impartial due process hearings and confidentiality and access to student records. Written notice must be given to the parents of a child with a handicapping condition within a reasonable time before the agency proposes or refuses to initiate or change the identification, evaluation, educational placement of the child, or the provision of a free appropriate public education to the child.

A parent, the local educational agency, or the state supported institution may initiate a due process hearing on any of the following matters:

1. Evaluation and related procedures;
2. Eligibility;
3. Written notice and procedures;
4. Proposal to initiate or change the identification, evaluation, or educational placement of the child or the provision of a free appropriate public education to the child;
5. Refusal to initiate or change the identification, evaluation, or educational placement of the child or the provision of free appropriate public education to the child; or
6. Written consent of the parent or guardian.

A local educational agency or a state supported institution may initiate a request for a due process hearing if the parent refuses to accept evaluation results or recommendations for special education placement. In the event a parent or guardian requests a due process hearing, the local educational agency or the state supported institution is required to advise the parents of any free or low-cost legal services available. At the due process hearing, the hearing officer reviews all the relevant facts concerning the educational placement including any independent evaluation by an appropriate professional secured by the parent. The hearing officer shall then render a decision which is binding to all parties. A copy of such decision shall be delivered to the local educational agency or state supported institution and the parent or guardian within 10 days following completion of the hearing (which shall be no later than 45 days after the receipt of the request for hearing). At this point, any party may appeal the decision to the Division of Special Education, Arizona Department of Education. Such appeal must be filed within 10 days of the receipt of the decision. This appeal is a final administrative appeal which includes an impartial review of the hearing by the Division of Special Education.

INTERAGENCY COORDINATION

The Arizona State Board of Education maintains a positive relationship with the state legislature to enhance the educational function of the Arizona public schools. As the governing and policy determining body of the Department of Education, the Arizona State Board of Education also coordinates some of its activities with the Arizona Department of Education.

LAWS & REGULATIONS

The Arizona State Board of Education follows both federal and state laws and regulations with regard to policies and services to children with handicapping conditions.

Federal

Elementary and Secondary Education Act of 1965, P.L. 89-10

Title I of this Act authorized a program of aid to assist the states and local school districts in educating children from low-income families who were considered "educationally deprived". This group was defined as including children with handicapping conditions. In addition, local school districts receiving funds were required to provide supplementary services to meet the special needs of "educationally deprived" children.

Elementary and Secondary Education Act Amendments of 1965, P.L. 89-313

This legislation amended Title I of the Elementary and Secondary Education Act to authorize aid to state agencies operating and/or supporting schools for children with handicapping conditions.

Elementary and Secondary Education Act Amendments of 1966, P.L. 89-750

A new Title VI was added to the Act under these amendments. This Title created a program of grants to the states to assist in the education of children with handicapping conditions and established a national Advisory Committee on Handicapped Children. In addition, this legislation mandated the creation of a Bureau of Education for the Handicapped within the U.S. Office of Education.

Elementary and Secondary Education Act Amendments of 1967, P.L. 90-247

Pursuant to these amendments, full funding under Title I for state operated and supported schools for handicapped youngsters was mandated.

Handicapped Children's Early Education Assistance Act of 1968, P.L. 90-538

Early education services for children with handicapping conditions were authorized under this Act which supported experimental preschool and early education programs for children with handicapping conditions through a project grant program. These programs included activities and services designed to encourage intellectual, emotional, physical, mental, social, and language development.

Elementary and Secondary Education Amendments of 1970, P.L. 91-230

These amendments created the Education of the Handicapped Act by consolidating a group of separate federal grant authorities relating to handicapped children into one act.

Education Amendments of 1974, P.L. 93-380

These amendments authorized an increase in funds to assist in educating children with handicapping conditions in public schools, required states to establish a goal of providing full educational opportunities for all handicapped children, and mandated that such children be integrated into regular classes whenever possible.

Education for All Handicapped Children's Act of 1975, P.L. 94-142

This Act provides federal aid to state and local school systems for instructional and support services to children with handicapping conditions. The Act authorized formula grants and discretionary grant programs to states for improvement in educational services for children with handicapping conditions. States participating in these grant programs are required to provide free, appropriate public education in the least restrictive setting. As the state educational agency, the Arizona Department of Education has authority to enforce all

requirements of P.L. 94-142 to ensure compliance with federal laws and statutes.

In addition, the Education for All Handicapped Children's Act included a separate authority to encourage states to serve children between the ages of 3 and 5 years old who have a handicapping condition.

Elementary and Secondary Education Act Amendments of 1975, P.L. 95-561

These amendments made minor changes to the Title I program in an effort to make it more consistent with the Education For All Handicapped Children's Act of 1975.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

The Education Consolidation and Improvement Act was enacted through the Omnibus Budget Reconciliation Act. Under this new act, a temporary ceiling was imposed on Title I (now renamed Chapter 1) funding for state operated and supported schools.

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Grants to train parents of children with handicapping conditions were authorized under these amendments.

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Part H of the Education for All Handicapped Children's Act was initiated through these amendments. Part H requires the Secretary of Education to make grants to assist states in developing and implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families.

The annual per capita allowance states can receive for each preschool-aged handicapped child was increased by these amendments. In order to qualify for this additional aid, a state must take steps to assure that all handicapped children between 3 and 5 years of age are receiving appropriate special education services no later than the beginning of FY 1990 or, under certain circumstances, FY 1991.

State

Arizona State Constitution Article XI

The Arizona State Board of Education is established by Article XI of the Arizona State Constitution. This article also establishes a state constitutional right to free education for those between six and twenty-one years of age.

Arizona Revised Statutes Section 15-201

This statute sets out the composition of the Arizona State Board of Education and establishes the terms of appointment for members.

Arizona Revised Statutes Section 15-203

This statute lists the powers and duties of the State Board of Education. Some of these duties include the following:

1. The exercise of general supervision over and regulation of the conduct of the school system;
2. Keeping a record of its proceedings;
3. Making rules and regulations for its own government;
4. Determining the policy and work undertaken by it;
5. Delegating to the Superintendent of Public Instruction the execution of board policy;
6. Making recommendations to the legislature regarding changes or additions to the statutes pertaining to schools;
7. Preparing, publishing, and distributing reports concerning the educational welfare of the state;
8. Aiding in the enforcement of laws relating to schools, health, compulsory attendance, child labor, and child conservation; and
9. The supervision and control of the certification of teachers in the state.

In addition, the State Board of Education may promulgate rules and regulations concerning special education, except that the State Board shall not promulgate rules and regulations concerning pupil-teacher ratios relating to the provision of special education services.

Arizona Revised Statutes Section 15-346

This statute sets out policies and procedures concerning pupils with chronic health problems. Pursuant to this statute the State Board of Education is required to develop model policies and procedures concerning pupils with chronic health problems and distribute them to governing boards to assist the governing boards in developing policies and procedures.

Arizona Revised Statutes Section 15-766

This statute sets out specific guidelines for evaluation and placement of children in special education programs including what is to be contained in the written evaluation.

Arizona Revised Statutes Section 15-767

This statute requires a review of each child's special education program at least once each year with a copy of the results to be submitted to the parent or guardian of the child.

Arizona Revised Statutes Section 15-821(c)

This statute provides for permissive programs for children in the age group 3-5 years and states that if a preschool program for handicapped children is maintained, a child is eligible for admission as prescribed in A.R.S. Section 771. Section 771 states that preschool programs may serve handicapped children ages 3-5 years who meet the definition of: (1) educable mentally handicapped, (2) hearing handicapped, (3) multiple handicapped, (4) multiple handicapped with severe sensory impairment, (5) physically handicapped, (6) speech handicapped, (7) trainable mentally handicapped, and (8) visually handicapped (as found in A.R.S. Section 761). However, for the purpose of calculating the base support level and the capital levy revenue limit, children ages 3-5 years who are speech handicapped may be counted only if their performance on a standardized language test measures more than two standard deviations below the mean for children of their chronological age or whose multiple articulation errors preclude intelligibility.

Arizona Administrative Code R7-2-401 through R7-2-405

These administrative regulations pertain to the provision of special education services. These include special education standards for public schools and state supported institutions including: (1) public awareness, (2) identification, (3) referral, (4) evaluation, (5) placement, and (6) review of special education placements. In addition these regulations address standards for special education in private schools, the special education voucher program, and due process standards relating to special education.

FUNDING

The Arizona State Board of Education receives all of its funding from the State General Fund. The legislature allocates a certain amount of money out of the state general fund for the operation of the Arizona State Board of Education.

ADVISORY COUNCILS

Advisory committees are established as deemed necessary by the Arizona State Board of Education. Membership in the advisory committees must be approved by a majority of the Board following consideration of the recommendations of the Board's Advisory Appointments Committee. Advisory committees continue until terminated by action of the Board, or the passage of a mandated termination date. Each advisory committee is reviewed annually by the Board to determine whether its continued existence is warranted. The following advisory committees are

relevant to this analysis and are currently in place with the State Board of Education.

Advisory Committee on Special Education

This committee shall advise the State Board on unmet needs within the state as to the education of children with handicapping conditions and consult with the Superintendent and the Director of the Division of Special Education. The Advisory Committee on Special Education consists of twelve voting members: (1) three from community organizations interested in exceptional children, (2) three from professions interested in exceptional children, (3) three from the teaching profession involved in special education, and (4) three from the general public. All Advisory Committees members shall be subject to final approval by the Board.

The Advisory Committee shall make recommendations to the Board in regard to proposed procedures for evaluating local district's program implementation, evaluation, and placement procedures. The Committee shall also make any other recommendations to the Board, Superintendent, or Director of Special Education which would promote improvement in the Special Education program.

Professional Standards and Certification Advisory Committee

The Professional Standards and Certification Advisory Committee shall act in an advisory capacity to the Board in regard to matters related to teacher education programs and Rules and Regulations governing the certification of teachers for the purpose of maintaining an effective certification procedure in the state of Arizona. The Committee consists of 18 members which include: (1) five practicing public school teachers, (2) three practicing public school administrators, (3) one representative from each of the three state universities, (4) three lay members, (5) one practicing public school professional nonteaching, staff representative, and (6) three nonvoting members including a county school superintendent, a representative of nonstate-supported teacher preparation institutions, and one State Department of Education representative.

The Committee's powers and duties include the following:

1. Reviewing and making recommendations regarding teacher preparation and residency programs submitted for approval;
2. Reviewing and making recommendations regarding procedures and standards governing certification;
3. Reviewing and making recommendations concerning procedures used by the Arizona Department of Education in evaluating applicants for certification;
4. Reviewing and making recommendations regarding rule changes affecting the Committee and affecting teacher certification; and
5. Performing other duties as assigned by the State Board of Education.

SPECIAL EDUCATION SECTION

217

203

SPECIAL EDUCATION SECTION

MISSION

The Special Education Section of the Department of Education exists to provide services that ensure all children with handicaps in Arizona have access to appropriate quality education to enable them to live in our community with maximum possible independence as adults by:

1. Providing information and assistance to local and private education agencies, other state agencies and the community; and reviewing programs to enhance their effectiveness and determine their compliance with the provisions of state and federal laws, rules and regulations;
2. Distributing state and federal funds;
3. Developing and supporting innovative projects; and
4. Assuring appropriate training is available to those concerned with the education of children with handicaps.

STRUCTURE

The Arizona Department of Education is administered through the State Board of Education which is the governing and policy determining body of the Department of Education. The Superintendent of Public Instruction performs the executive, administrative, and ministerial functions of the Department of Education and is the executive officer of the State Board of Education. The Special Education Section is within the Department of Education and is established by statute. The Director of the Special Education Section is appointed by the superintendent of public instruction with the advice and consent of the State Board of Education. The Special Education Section is the primary focus of this analysis.

ELIGIBILITY

To receive special education services through the Arizona Department of Education, a child must be determined to have a handicapping condition. The following are categories and definitions of handicapping conditions used by the Arizona Department of Education.

1. **Handicapped child**
A child of lawful preschool or school age who due to present physical, mental or emotional characteristics or a combination of such characteristics is not afforded the opportunity for all-around adjustment and progress in regular classroom instruction and who needs special instruction or special ancillary services, or both, to achieve at levels commensurate with his abilities. Handicapped child includes educable mentally handicapped, hearing handicapped, homebound or hospitalized, learning disabled, multiple handicapped, multiple handicapped with severe sensory impairment, physically handicapped, seriously emotionally handicapped, severely or profoundly mentally handicapped, speech handicapped, trainable mentally handicapped, and visually handicapped.
2. **Educable mentally handicapped**
A child who, because of his intellectual development, is incapable of being educated effectively through regular classroom instruction without the support of special classes or special services designed to promote his educational development.
3. **Hearing handicapped**
A child who has a hearing deviation from the normal which impedes his educational progress in the regular classroom situation without the support of special classes or special services designed to promote his educational development, and whose intellectual development is such that he is capable of being educated through a modified instructional environment.
4. **Homebound or hospitalized**
A student who is capable of profiting from academic instruction but is unable to attend school due to illness, disease, accident, pregnancy, or handicapping conditions, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for a period of not less than three school months. Also, a student who is capable of profiting from academic instruction but is unable to attend school regularly due to chronic or acute health problems, who has been examined by a competent medical doctor and who is certified by that doctor as being unable to attend regular classes for intermittent periods of time totaling three school months during a school year.

[NOTE: The Arizona Department of Education has requested that the legislature, in the 1989 session remove "homebound and hospitalized" from the definitions of "special education". Substitution of the category "other health impaired" in lieu of the above terminology was also requested. The definition of homebound and hospitalized will still appear in the school finance section of the law.]

5. Learning disabled

A child with a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell or do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing or motor handicaps, mental retardation, emotional disturbance, or environmental, cultural or economic disadvantage.

6. Multiple handicapped

A child who has serious learning and developmental problems resulting from multiple handicapping conditions and who cannot be provided for adequately in a program designed to meet the needs of any one handicapping condition. The multiple handicapped category includes a child who is any of the following:

- a. Autistic;
- b. Severely or profoundly mentally handicapped;
- c. Handicapped with two or more of the following conditions:
 1. hearing handicapped;
 2. physically handicapped;
 3. trainable mentally handicapped;
 4. visually handicapped; or
- d. Handicapped with one of the handicapping conditions listed in (c) above existing concurrently with a condition of educable mentally handicapped, seriously emotionally handicapped or learning disabled.

7. Multiple handicapped with severe sensory impairment

A child who is multiple handicapped and whose handicapping conditions include at least one of the following:

- a. Severely visually handicapped or severely hearing handicapped in combination with another severe handicap; and
- b. Severely visually handicapped and severely hearing handicapped.

8. Physically handicapped

A child who has a physical handicap or disability which impedes his educational progress in the regular classroom situation without the support of special classes or special services designed to promote his educational development, and whose intellectual development is such that he is capable of being educated through a modified instructional environment.

9. Seriously emotionally handicapped

A child who, because of serious social or behavioral problems, is unable or incapable of meeting the demands of regular classroom programs in the schools and in the opinion of diagnostic and instructional personnel the child requires special classes or special services designed to promote his educational and emotional growth and development.

10. Speech handicapped

A child who has a communication disorder such as stuttering, impaired articulation, severe disorders of syntax, semantics or vocabulary, or a voice impairment to the extent that it calls attention to itself, interferes with communication, or causes the child to be maladjusted.

[NOTE: The Arizona Department of Education has requested action during the 1989 legislative session to amend this definition to read "speech or language handicapped". However, speech handicapped has always included language impaired children and is not limited to articulation disorders. The definition includes "severe disorders of syntax, semantics or vocabulary" which are language impairments. Some districts operate severe oral language programs in which students are all classified as speech handicapped. The Arizona Department of Education has issued a monitoring bulletin which addresses evaluation requirements for students with language handicaps.]

11. Trainable mentally handicapped

A child who, because of his intellectual development, is incapable of being educated in regular classroom programs or educable mentally handicapped programs without the support of special classes or special services designed to promote his educational development.

12. Visually handicapped

A child who has a vision deviation from the normal which impedes his educational progress in the regular classroom situation without the support of special classes or special services designed to promote his educational development, and whose intellectual development is such that he is capable of being educated through a modified instructional environment.

13. Severely or profoundly mentally handicapped
A child who, because of the severity of pervasive deficits in intellectual development as determined by evaluation pursuant to A.R.S. Section 15-766, requires additional educational and related services beyond those provided in regular classroom programs, educable mentally handicapped programs, or trainable mentally handicapped programs.

SERVICES

The Arizona Department of Education is required to provide education and "related services" to children with handicapping conditions in the state of Arizona who are of school-age. "Special Education" is defined in the Arizona Revised Statutes as meaning the adjustment of the environmental factors, modification of the course of study and adaptation of teaching methods, materials and techniques to provide educationally for those children who are gifted or handicapped to such an extent that they do not profit from the regular course of study or need special education services in order to profit. Services to children from 3-5 years of age is permissive, but not mandatory at this time. The scope of services offered through the Arizona Department of Education to children from 0-5 years of age with handicapping conditions is described below. These services are described within four categories: (1) Child Find Project, (2) Special Education Preschool Projects, (3) "Related Services", and (4) Child Evaluation Centers.

Child Find

The Child Find project within the Arizona Department of Education is required under P.L. 94-142. Child Find works with other agencies serving children with handicapping conditions in an effort to search for unserved children with handicapping conditions and to do screening. Child Find also provides information and assistance to parents and others seeking services for handicapped children. The Arizona Department of Education, Special Education Section, has primary responsibility for coordinating statewide planning and implementation of child identification procedures to be conducted by primary state and public service agencies.

Special Education Preschool Projects

The Arizona Department of Education offers preschool formula grants under Section 619 of Part B of the Education of All Handicapped Children's Act to local school districts who wish to operate preschool programs. These funds are allocated to facilitate screening, referral, and to provide preschool services to children with special needs ages 3 through 5 years. A handicapped child is deemed 3 years of age if the child reaches age 3 before September 1 of the current school year. Services

offered to children in these preschool programs include screening, preacademic instruction, and parent involvement and training.

Admission to preschool programs is based on the following criteria:

1. The child must be evaluated and diagnosed as handicapped according to the definitions set forth in Arizona Revised Statutes 15-761 and 15-766; and
2. The child must have an individualized Education Plan (IEP) developed by preschool staff, a parent, and an evaluator prior to entry into the program and must have a Special Education Placement Form indicating parental consent for services provided.

Related Services

Schools are required to offer education and related services to children with handicapping conditions. The "related services" as described in P.L. 94-142 include transportation, such developmental, corrective and other supportive services as may be required to assist a handicapped child in benefitting from special education, and early identification and assessment of handicapping conditions in children. The developmental, corrective and support services include the following areas.

1. Speech pathology;
2. Psychological services;
3. Physical and occupational therapy;
4. Recreation; and
5. Medical and counseling services, except that such medical services shall be for diagnostic and evaluation purposes only.

Child Evaluation Centers

Three Child Evaluation Centers are funded by the Arizona Department of Education to provide screening, assessment, and diagnostic services for children suspected or known to have a handicapping condition. Each evaluation center must perform educational evaluations which meet the requirements of Arizona Rules and Regulations R7-2-401, specifically for: (1) low-incidence handicapped children 3-21 years of age in rural and urban areas who are either referred by LEAs who lack the necessary expertise or resources to evaluate such children, or referred by LEAs when they require an outside, independent evaluation, and (2) handicapped infants and toddlers ages birth through 2 years suspected of a disability. According to the Arizona State Special Education plan, during FY90-FY92, it is intended that the focus of these centers will shift to the infant and toddler group as LEAs, with training and technical assistance from the Arizona Department of Education, further develop their capacities to provide appropriate assessments for children in the age group 3-5 years.

The three Child Evaluation Centers in Arizona are:

1. The Northern Arizona Child Evaluation Center located in Flagstaff and serving Coconino, Navajo, Apache, Yavapai, and northern Mohave counties;
2. The Central Arizona Child Evaluation Center located in Phoenix and serving Maricopa, northern Pinal, Gila, Yuma, La Paz, and southern Mohave counties; and
3. The Children's Evaluation Center of Southern Arizona located in Tucson and serving Pima, Graham, Greenlee, Cochise, Santa Cruz, and southern Pinal counties.

INTERAGENCY COORDINATION

The Arizona Department of Education coordinates its efforts to provide education and related services to children with handicapping conditions with other state agencies. A brief description of this interagency coordination as it relates to children from 0-5 years of age follows.

1. Arizona Head Start Programs
Head Start project personnel work with local education agencies to ensure that children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the state "child count". In addition, Head Start programs coordinate their identification of unserved handicapped children with the statewide "Child Find" efforts of the local school districts which is required under P.L. 94-142. An intergovernmental agreement between Head Start and the Special Education Section specifies responsibilities for identifying and serving preschool children with handicapping conditions.

The Arizona Department of Education also works with Head Start programs in facilitating the transition of Head Start children who are handicapped into the public school system.

In addition, the Department of Education co-coordinates a Preschool Annual Conference each year with Head Start through Southwest Human Development.

2. Office of Maternal and Child Health (MCH)

The Arizona Department of Education collaborates with the Office of Maternal and Child Health on a special program being conducted in conjunction with the National Association for the Education of Young Children. A self-study process has been implemented at twenty-seven centers serving at least one special needs child and is intended to improve the quality of participating programs, to promote a peer support and assistance group for sharing information and successful strategies, and to provide technical assistance based on the needs identified in the self-study process.

A memorandum of understanding for a joint public awareness campaign regarding early identification and early intervention services for children ages birth through five years has been created between the Special Education Section and the Office of Maternal and Child Health. Part H of P.L. 99-457 specifies the coordinated campaign efforts and fiscal or in-kind commitments to implement the campaign.

3. Division of Disease Prevention Services

The Office of Infectious Disease Services is required to cooperate with the Department of Education to provide for the vaccination or immunization of children attending school. This is accomplished through the cooperation of county health departments and local school districts.

4. Arizona State School For The Deaf and Blind (ASDB)

As the State Educational Agency, the Department of Education is responsible for assuring that all educational programs for children with handicapping conditions, including those administered by other state and local agencies, are under their general monitoring and meet education agency standards. The Arizona State School for the Deaf and Blind provides educational programs to sensory-impaired children and is, therefore, monitored by the Arizona Department of Education. In addition, ASDB receives federal funding through the Department of Education to assist with its programs.

5. Governor's Office For Children

The Arizona Department of Education participated in establishing the Arizona Child Care Committee with the Governor's Office For Children.

6. Division of Developmental Disabilities (DDD)

The Division of Developmental Disabilities receives money from the Arizona Department of Education under Chapter One of the Elementary and Secondary Education Act. The Division of Developmental Disabilities then contracts with local programs

throughout Arizona who serve children eligible under the Division of Developmental Disabilities.

At this time, the Division of Developmental Disabilities and the Department of Education are preparing an interagency agreement that would result in the transfer of funds from DDD to the Special Education Section for the purpose of establishing the Department of Education as the agency responsible for insuring the delivery of preschool services to special needs children in the state of Arizona.

LAWS & REGULATIONS

The Arizona Department of Education is regulated by both state and federal law. A brief description of this state and federal regulation as it relates to special education follows.

Federal

Elementary and Secondary Education Act of 1965, P.L. 89-10

Title I of this Act authorized a program of aid to assist the states and local school districts in educating children from low-income families who were considered "educationally deprived". This group was defined as including children with handicapping conditions. In addition, local school districts receiving funds were required to provide supplementary services to meet the special needs of "educationally deprived" children.

Elementary and Secondary Education Act Amendments of 1965, P.L. 89-313

This legislation amended Title I of the Elementary and Secondary Education Act to authorize aid to state agencies operating and/or supporting schools for children with handicapping conditions.

Elementary and Secondary Education Act Amendments of 1966, P.L. 89-750

Title VI was added to the Act under these amendments. This Title created a program of grants to the states to assist in the education of children with handicapping conditions and established a national Advisory Committee on Handicapped Children. In addition, this legislation mandated the creation of a Bureau of Education for the Handicapped within the Office of Education, U.S. Department of Health, Education, and Welfare.

Elementary and Secondary Education Act Amendments of 1967, P.L. 90-247

Pursuant to these amendments, full funding for state operated and supported schools for handicapped youngsters was mandated.

Handicapped Children's Early Education Assistance Act of 1968, P.L. 90-538

Early education services for children with handicapping conditions were authorized under this Act, which supports experimental preschool and early education programs for children with handicapping conditions through a project grant program. These programs included activities and services designed to encourage intellectual, emotional, physical, mental, social, and language development.

Elementary and Secondary Education Amendments of 1970, P.L. 91-230

These amendments created the Education of the Handicapped Act by consolidating a group of separate federal grant authorities relating to handicapped children into one act.

Education Amendments of 1974, P.L. 93-380

These amendments authorized an increase in funds to assist in educating children with handicapping conditions in public schools, required states to establish a goal of providing full educational opportunities for all handicapped children, and mandated that such children be integrated into regular classes whenever possible.

Education for All Handicapped Children's Act of 1975, P.L. 94-142

This Act provides federal aid to state and local school systems for instructional and support services to children with handicapping conditions. The Act authorized formula grants to states and discretionary grant programs for improvement in educational services for children with handicapping conditions. States participating in these grant programs are required to provide free, appropriate public education in the least restrictive setting. As the state educational agency, the Arizona Department of Education has authority to enforce all requirements of P.L. 94-142 to ensure compliance with federal laws and statutes. The following are definitions of handicapping conditions contained in P.L. 94-142.

1. **Deaf**

A hearing impairment which is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, which adversely affects educational performance.

2. **Deaf-blind**

Concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot be accommodated in special education programs solely for deaf or blind children.

3. **Hard of Hearing**
A hearing impairment, whether permanent or fluctuating, which adversely affects a child's educational performance but which is not included under the definition of "deaf".
4. **Mentally retarded**
Significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period, which adversely affects a child's educational performance.
5. **Multihandicapped**
Concomitant impairments (such as mentally retarded-blind, mentally retarded-orthopedically impaired, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind children.
6. **Orthopedically impaired**
A severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g. clubfoot, absence of some member, etc.), impairments caused by disease (e.g. poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns which cause contractures).
7. **Other health impaired**
There are two conditions in the other health-impaired category:
a) Having an autistic condition which is manifested by severe communication and other developmental and educational problems; or (b) having limited strength, vitality or alertness due to chronic or acute health problems such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes, which adversely affects a child's educational performance.
8. **Seriously emotionally disturbed**
A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects education performance:

- a. An inability to learn which cannot be explained by intellectual sensory, or health factors;
- b. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- c. Inappropriate types of behavior or feelings under normal circumstances;
- d. A general pervasive mood of unhappiness or depression; or
- e. A tendency to develop physical symptoms or fears associated with personal or school problems.

The term includes children who are schizophrenic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed.

9. Specific learning disability

A disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in an imperfect ability to listen, think, speak, read, write, spell, or to do mathematical calculations. The term includes such conditions as perceptual handicaps, brain injury, minimal brain disfunction, dyslexia, and developmental aphasia. The term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation or emotional disturbance, or of environmental, cultural, or economic disadvantage.

10. Speech impaired

A communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment, which adversely affects a child's educational performance.

11. Visually handicapped

A visual impairment which, even with correction, adversely affects a child's educational performance. The term includes both partially seeing and blind children.

In addition, the Education for All Handicapped Children's Act included a separate authority to encourage states to serve children between the ages of 3 and 5 years old who have a handicapping condition.

Elementary and Secondary Education Act Amendments of 1975, P.L. 95-561

These amendments made minor changes to the Title I program in an effort to make it more consistent with the Education of the Handicapped Act of 1975.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

The Education Consolidation and Improvement Act was enacted through the Omnibus Budget Reconciliation Act. Under this new act, a temporary ceiling was imposed on Title I (now renamed Chapter 1) funding for state operated and supported schools.

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Grants to train parents of children with handicapping conditions were authorized under these amendments.

Education of the Handicapped Amendments of 1986, P.L. 99-457

Part H of the Education for All Handicapped Children's Act was initiated through these amendments. Part H requires the Secretary of Education to make grants to assist states in developing and implementing a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families.

Under Section 619, the annual per capita allowance states can receive for each preschool-aged handicapped child was increased by these amendments. In order to qualify for this additional aid, a state must take steps to assure that all handicapped children between 3 and 5 years of age are receiving appropriate special education services no later than the beginning of FY 1990, or, under certain circumstances, FY 1991.

State

Arizona Revised Statutes Section 15-231

This statute authorizes the establishment of the Arizona Department of Education.

Arizona Revised Statutes Section 15-235

This statute establishes the Division of Special Education within the Arizona Department of Education and creates a special education advisory committee to advise and consult with the State Board of Education, the Superintendent of Public Instruction, and the Director of the Division of Special Education.

Arizona Revised Statutes Section 15-761

This statute sets out definitions for terminology regarding special education, described earlier in this report.

Arizona Revised Statutes Section 15-763

This statute provides that all school districts shall develop a district plan for providing special education to all handicapped children within the district and requires them to submit the plan to the State Board of Education for approval. It further mandates that all handicapped children shall receive special education programming commensurate with their abilities and needs.

Arizona Revised Statutes Section 15-766

This statute sets out specific guidelines for evaluation and placement of children in special education programs, including what is to be contained in the written evaluation.

Arizona Revised Statutes Section 15-767

This statute requires a review of each child's special education program at least once each year with a copy of the results to be submitted to the parent or guardian of the child.

Arizona Revised Statutes Section 15-771

This statute addresses preschool programs for handicapped children and states that the State Board of Education shall prescribe rules for school districts which operate preschool programs for handicapped children. A handicapped child is deemed 3 years of age if the child reaches age 3 before September 1 of the current school year.

[NOTE: The State Board of Education has recommended to the Arizona legislature that procedures be developed to conform to the federal mandate that all children with special needs, ages three through five, are served through interagency efforts by the 1990-91 school year. Primary responsibility needs to be assigned to either state agencies or to school districts, and plans need to be developed to insure that all eligible children are served.]

Arizona Revised Statutes Section 15-821(c)

This statute provides for permissive programs for children in the age group 3-5 years and states that if a preschool program for handicapped children is maintained, a child is eligible for admission as prescribed in A.R.S. Section 771. Section 771 states that preschool programs may serve handicapped children ages 3-5 years who meet the definition of: (1) educable mentally handicapped, (2) hearing handicapped, (3) multiple handicapped, (4) multiple handicapped with severe sensory impairment, (5) physically handicapped, (6) speech handicapped, (7) trainable mentally handicapped, and (8) visually handicapped (as found

in A.R.S. Section 761). However, for the purpose of calculating the base support level and the capital levy revenue limit, children ages 3-5 years who are speech handicapped may be counted only if their performance on a standardized language test measures more than two standard deviations below the mean for children of their chronological age or whose multiple articulation errors preclude intelligibility.

FUNDING

The Arizona Department of Education receives funding for special education through both federal and state sources. Federal and state legislation regulate how the money is spent. A brief description of these funding sources follows.

Federal

Education Consolidation and Improvement Act, Chapter 1 (ECIA)

The Arizona Department of Education receives money through this Act to provide financial assistance to local educational agencies for supplementary instructional programs for educationally disadvantaged students.

Education Consolidation and Improvement Act, Chapter 2 (ECIA)

This Chapter of the ECI Act provides funding for programs to meet the educational needs of students at risk of failure.

Indian Education Act, Title IV, Part A

The Arizona Department of Education receives funding under this Act to support programs to address the educational and culturally related academic needs of American Indian students in local education agencies and in reservation-based, Indian-controlled schools.

Johnson-O'Malley Act

This Act provides financial assistance to local educational agencies, tribes, and Indian organizations to meet the specialized and unique educational needs of eligible Indian students. Programs funded under this Act are supplemental to the basic education program.

Education of Handicapped Children's Act, Title VI-B

The Arizona Department of Education receives supplemental financial assistance through this Act to assist state and local educational agencies in providing a free, appropriate public education to handicapped children.

Education of the Handicapped Amendments of 1986

The Arizona Department of Education receives financial assistance under this act to assist state and local educational agencies meet the needs of children with handicapping conditions three to five years of age.

State

State General Fund

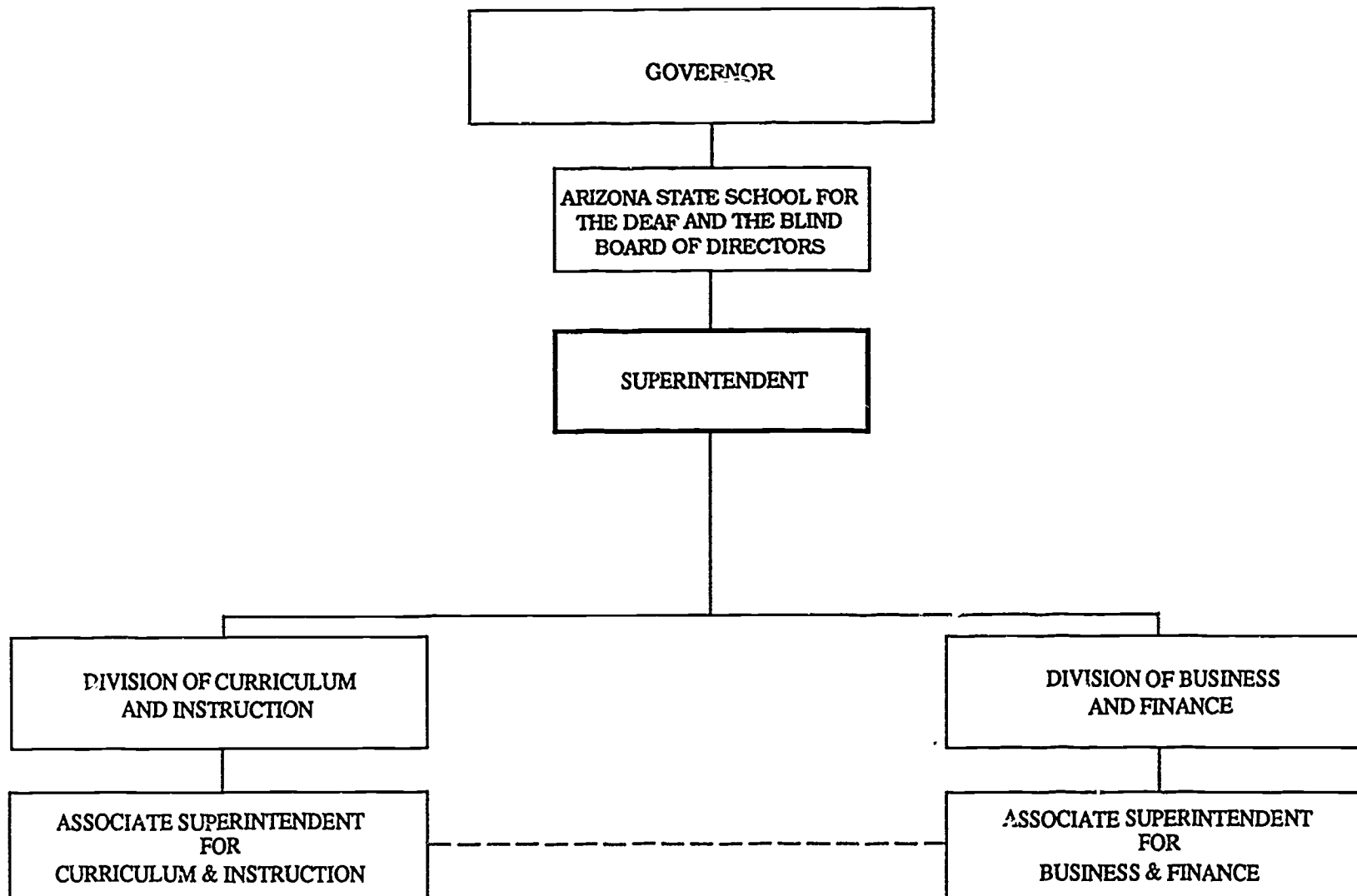
A certain amount of funding is allocated each year to the Arizona Department of Education from the state general fund. A portion of this money is available for programs (including preschools) which provide education and related services to children with handicapping conditions.

ADVISORY COUNCILS

Special Education Advisory Committee

The Special Education Advisory Committee is established by statute and composed of persons broadly representative of community organizations interested in exceptional children, professions related to the educational needs of exceptional children, and the general public. The Committee advises and consults with the State Board of Education, the Superintendent of Public Instruction, and the Director of the Division of Special Education. Members of the Advisory Committee are appointed by the State Board of Education.

ARIZONA STATE SCHOOL FOR THE DEAF AND THE BLIND



**ARIZONA STATE SCHOOL
FOR THE DEAF AND BLIND**

Arizona State School for the
Deaf and Blind

Adoption

Advocacy

Assessment/Evaluation

Audiological Services

Case Management

Child Find/Identification

Crisis Intervention

Day Care

Dental Services

Employment Assistance

Family Planning

Family Therapy/Counseling

Financial Assistance

Foster Care

Genetic Counseling

Home-Based Intervention

Home Health Care

Homemaker Services

Legal Services/Action

Licensing/Regulation

Medical Services

Nutritional Services

Occupational Therapy

Parent/Adult Education

Parent Support Groups

Physical Therapy

Preschool (3-5)

Prevention Services

Protective Services

Psychiatric/Psychological Services

Public Awareness

Referral

Residential Programs (0-3)

Respite Care

Screening

Special Equipment

Speech/Language Therapy

Sibling Support Groups

Transition Services

Transportation

Vision Testing/Services

ARIZONA STATE SCHOOL FOR THE DEAF AND BLIND

The Arizona State School for the Deaf and Blind has a mission to promote and maintain an educational opportunity of adequate scope and quality for sensory impaired children in the state of Arizona which will lead to an adult life of independence and self-sufficiency, a meaningful personal, family and community life, and a useful productive occupational life.

The programs offered by the Arizona State School for the Deaf and Blind selected for review are those that have a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This review does not necessarily include all of the program activities offered by the Arizona State School for the Deaf and Blind.

TABLE OF CONTENTS

Arizona State School for the Deaf and Blind	
Eligibility	239
Services	
Parent Outreach Program for the Hearing Impaired	240
Parent Outreach Program for the Visually Impaired	241

ADDRESS

**Arizona State School for the Deaf and Blind
1200 W. Speedway - P.O. Box 5545
Tucson, AZ 85703-0545
602-628-5357**

ARIZONA STATE SCHOOL FOR THE DEAF AND BLIND

MISSION

The Arizona State School for the Deaf and Blind strives to promote and maintain an educational opportunity of adequate scope and quality for sensory-impaired children in the state of Arizona which will lead to an adult life of independence and self-sufficiency, a meaningful personal, family and community life, and a useful productive occupational life.

STRUCTURE

The Arizona State School for the Deaf and Blind (ASDB) is an independent state agency providing education to sensory-impaired children in Arizona. ASDB is governed by a Board of Directors. The Board consists of the governor, as an ex officio non-voting member, the superintendent of Public Instruction or the superintendent's designee, and six members appointed by the governor. The Board of Directors appoints a superintendent to oversee the daily operations of the school. There is also an associate superintendent for curriculum & instruction and an associate superintendent for business and finance. The Arizona State School for the Deaf and Blind is accredited by the Conference of Educational Administrators Serving the Deaf and the National Accreditation Council for Agencies Serving the Blind and Visually Handicapped Persons.

ELIGIBILITY

An individual is entitled to admittance in the Arizona State School for the Deaf and Blind without charge if he or she meets the following conditions: (1) resident of the state of Arizona, (2) age 6 to 21 years, and (3) sensory impaired to an extent that he or she can not acquire an appropriate education in the school district of residence.

The Board of Directors may enroll a child up to 6 years of age in the School for the Deaf and Blind without charge if the person having legal custody of the child is a resident of the state of Arizona and the child is sensory impaired to an extent that he or she would benefit from a specialized program.

Persons over 21 years of age and those who are not residents of Arizona may be admitted to the school if its capacity will permit; however, no one can be admitted or retained to the exclusion or detriment of those for whom the school was founded (i.e. sensory-impaired children 6-21 years of age who are residents of Arizona).

SERVICES

The Arizona State School for the Deaf and Blind operates several programs throughout the state of Arizona which provide services to sensory-impaired children and their parents. The following programs offer services to children from 3 to 21 years of age:

1. **The Schools for the Hearing and Visually Handicapped**
These schools are located in Tucson and Phoenix and include the Phoenix Day School for the Deaf. These schools provide residential and day services to children who are either solely sensory impaired or mildly multiply handicapped.
2. **The Arizona Diagnostic Treatment and Education Center (ADTEC)**
This program serves moderate multiply handicapped children in classroom settings, and performs educational assessments.
3. **The Preschool Program**
This program serves 4 and 5 year olds in the Tucson and Phoenix areas in classroom settings.
4. **Regional Program Cooperatives**
The regional coops are three pilot programs which work with school districts to provide: (1) educational programs and related services to all sensory-impaired pupils, and (2) supplemental services to assist districts in providing educational and related services to sensory impaired pupils. One coop is currently funded and in operation in Flagstaff and serves Coconino and Yavapai counties.

The Arizona State School for the Deaf and Blind also administers programs which serve children from birth to 3 years of age. These programs are outlined below.

1. **Parent Outreach Program for the Hearing Impaired**
The Parent Outreach Program serves children from birth to 5 years of age throughout the state of Arizona who are hearing impaired or at risk for becoming hearing impaired. Families receive weekly home visits from Parent Advisors, specially trained local professionals (masters level individuals), who act as case managers to help parents meet the needs of their young hearing impaired children. Parent

Advisors help parents with: (1) understanding their child's hearing loss, (2) use and maintenance of hearing aids, (3) developing their child's listening, (4) increasing their child's speech and language, (5) aural/oral and total communication approaches to language learning, and (6) identifying local resources. The weekly parent visits are available to parents who feel they need them. After a period of time, the visits can be changed to bimonthly or monthly visits at the request of the parents. Parents are referred to this program by physicians, other parents, audiologists, etc. Parents may enroll in this program or get more information by calling the toll-free number for the program.

Audiological services are also available through the Parent Outreach Program for children at risk for hearing loss. These services include hearing tests, hearing aid evaluations and recommendations, assistance in locating funding for hearing aids, and parent education in all aspects of hearing loss. The audiological services are available to all Arizona families. Tests and evaluations are conducted in Flagstaff, Phoenix, and Tucson. All services in the Parent Outreach Program are offered free of charge.

2. Parent Outreach Program for the Visually Impaired

This Parent Outreach Program serves children throughout the state of Arizona from birth to 5 years of age who are visually impaired. Families receive weekly home visits from Parent Advisors, specially trained local professionals (masters level individuals), who act as case managers to help parents meet the needs of their visually impaired children. The Parent Advisor helps parents with: (1) developing a mutually rewarding parent-child relationship, (2) understanding their child's visual loss and how it effects the way their child responds to the world, (3) enhancing their child's overall development, (4) communicating with community ophthalmologists, optometrists, and pediatricians to obtain current vision information, and (5) identifying local resources. The weekly visits are available to parents who feel they need them. After a period of time, the visits can be changed to bimonthly or monthly visits as the parents' request. Parents may be referred to this program by physicians, other parents, vision specialists, etc. Parents can enroll in this program or obtain information by calling the program's toll-free number.

Functional vision assessments are also available for visually impaired, developmentally delayed, and multihandicapped children. These assessments are available to all Arizona families. Assessments are conducted in Phoenix, Tucson, and Flagstaff. Recommendations for

educational programming, environmental adaptations, and referrals to other services are made based on results of the assessment.

INTERAGENCY COORDINATION

The Arizona State School for the Deaf and Blind coordinates its activities with several state agencies in Arizona to provide services to sensory-impaired children. A brief description of this interagency coordination follows.

1. **Arizona Department of Education (ADE)**

As the state educational agency, the Department of Education is responsible for assuring that all educational programs for children with handicaps, including those administered by other state and local agencies, are under their general supervision and meet education agency standards. The Arizona State School for the Deaf and Blind provides educational programs to sensory-impaired children and is, therefore, monitored by the Arizona Department of Education. In addition, ASDB receives federal funding through the Department of Education to assist with its programs.

In addition, a representative from the Arizona State School for the Deaf and Blind participates on the Preschool Task Force of the Special Education Advisory Committee to the State Board of Education.

2. **Office of Maternal and Child Health (MCH)**

The Arizona State School for the Deaf and Blind may provide audiometric and vision follow-up to all children in the Maternal and Child Health newborn intensive care follow-up program.

3. **Division of Developmental Disabilities (DDD)**

The Arizona State School for the Deaf and Blind Parent Outreach Program provides support assistance to Division of Developmental Disabilities clients who have sensory-impaired children free of cost upon the request of the parent. In addition a representative from ASDB is on the Interagency Coordinating Council for P.L. 99-457 which is administered by the Division of Developmental Disabilities.

4. **Arizona Department of Health Services (ADHS)**

A representative from the Arizona State School for the Deaf and Blind participates on the Department of Health Services' Hearing Impaired Children's Advisory Committee. This committee makes recommendations on the implementation and operation of the Never Too Young program which is a program for early identification of hearing loss for neonates and infants.

LAWS & REGULATIONS

The Arizona State School for the Deaf and Blind is authorized and regulated by both federal and state law. This legislation controls the programs within the Arizona School for the Deaf and Blind and their funding sources. A brief description of this federal and state legislation is provided below.

Federal

Elementary and Secondary Education Amendments of 1967, P.L. 90-247

These amendments authorized the establishment of regional resource centers to assist with evaluation of educational materials and dissemination of specific educational strategies for use with handicapped children.

This law also authorized centers and services for deaf-blind children. These centers are mandated to provide: (1) comprehensive diagnostic and evaluation services, (2) programs for education, orientation and adjustment of deaf-blind children, (c) consultative services for parents, teachers and others working with deaf-blind children, and (d) training for teachers and related specialists in research and demonstration activities.

Education For All Handicapped Children Act of 1975, P.L. 94-142

This Act provides federal aid to state and local school systems for instructional and support services to children with handicapping conditions. The Act authorizes formula grant and discretionary grant programs to states for improvement in educational services for children with handicapping conditions. States participating in these grant programs are required to provide all children with handicapping conditions with a free, appropriate public education in the least restrictive setting. Some federal funds under this act received by the Arizona Department of Education are passed through to the Arizona State School for the Deaf and Blind. As the state educational agency, the Arizona Department of Education has authority to enforce all requirements of P.L. 94-142 to ensure compliance with federal laws and statutes.

Education For All Handicapped Children Act Amendments of 1986, P.L. 99-457

Part H of the Education For All Handicapped Children Act was initiated through these amendments. Part H requires the Secretary of Education to make grants to assist states in developing a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for handicapped infants and toddlers and their families.

The annual per capita allowance states can receive for each preschool-aged handicapped child was increased by these amendments.

State

Arizona Revised Statutes, Section 15-1302

This statute established the Arizona State School for the Deaf and Blind and states that the purpose is to promote and maintain an educational opportunity of adequate scope and quality for sensory-impaired children in this state which will lead to an adult life of independence and self-sufficiency, a meaningful personal, family and community life, and a useful productive occupational life.

Arizona Revised Statutes, Sections 15-1303-15-1346

These statutes regulate the following:

1. Board of Directors;
2. Employees;
3. Instruction of pupils;
4. Persons entitled to education at ASDB;
5. Authority to enroll children under 6 years of age; and
6. Regional Cooperatives.

FUNDING

The Arizona State School for the Deaf and Blind receives funding from both state, federal, and private sources. These sources include federal grants, state appropriations, voucher fund reimbursements from the Arizona Department of Education, earnings from land trust and privately established trust funds, donations, and tuition payments from out of state student enrollments. These funding sources are briefly described below.

Federal

Education For All Handicapped Children Act of 1975, P.L. 94-142

Under Part B of this Act, assistance is given to the states to enable them to carry out the purpose of the law. The Arizona State School for the Deaf and Blind receives some of this money through the Arizona Department of Education. In fiscal year 1988-89, this money was granted to ASDB to purchase equipment for their regional cooperatives.

Non-Federal

State General Fund

The Arizona State School for the Deaf and Blind receives allocations from the state general fund to support programs within ASDB.

Arizona Department of Education

The Arizona State School for the Deaf and Blind receives voucher funds from the Department of Education as reimbursement for children who attend ASDB because the local school district can not provide an adequate educational environment for that child.

Land Trust Earnings

As a part of the Enabling Act of 1910, the U.S. Government granted 100,000 acres of land in Arizona for schools and asylums for the deaf and blind. The proceeds of any sale or other disposition of this land are reserved for the use and benefit of the Arizona School for the Deaf and Blind. ASDB receives the income and proceeds from that land.

Privately Established Trusts

The Arizona State School for the Deaf and Blind receives income from some privately established trusts to assist in the administration of the school.

Tuition Payments

Out-of-state students are required to pay a non-resident tuition to attend the Arizona State School for the Deaf and Blind.

Private Donations

The Arizona State School for the Deaf and Blind is authorized to receive private donations to benefit the school and its programs.

ADVISORY COUNCILS

The Arizona State School for the Deaf and Blind has several advisory councils to make recommendations for its programs for children who are sensory impaired. A brief description of these councils follows.

ASDB Board of Directors

The ASDB Board of Directors is established and regulated by state statute. The Arizona State School for the Deaf and Blind is governed by the Board of Directors, who are required to do the following:

1. Provide from the funds appropriated for the school all necessary books, blanks, and other supplies;
2. Prescribe the system of records and accounts for the school;
3. Cause to be kept a record of all important papers;
4. Cause to be kept a set of books and accounts for the school; and
5. Cause reports to be made and a system of accounts and requisitions to be kept regarding ASDB.

In addition, the Board is required to file an annual report to the governor containing a detailed statement of the cost of maintaining the school and an estimate of the use of the legislative appropriations necessary for the support of all needed improvements at the school.

State Board of Education Advisory Council for the Sensory-Impaired

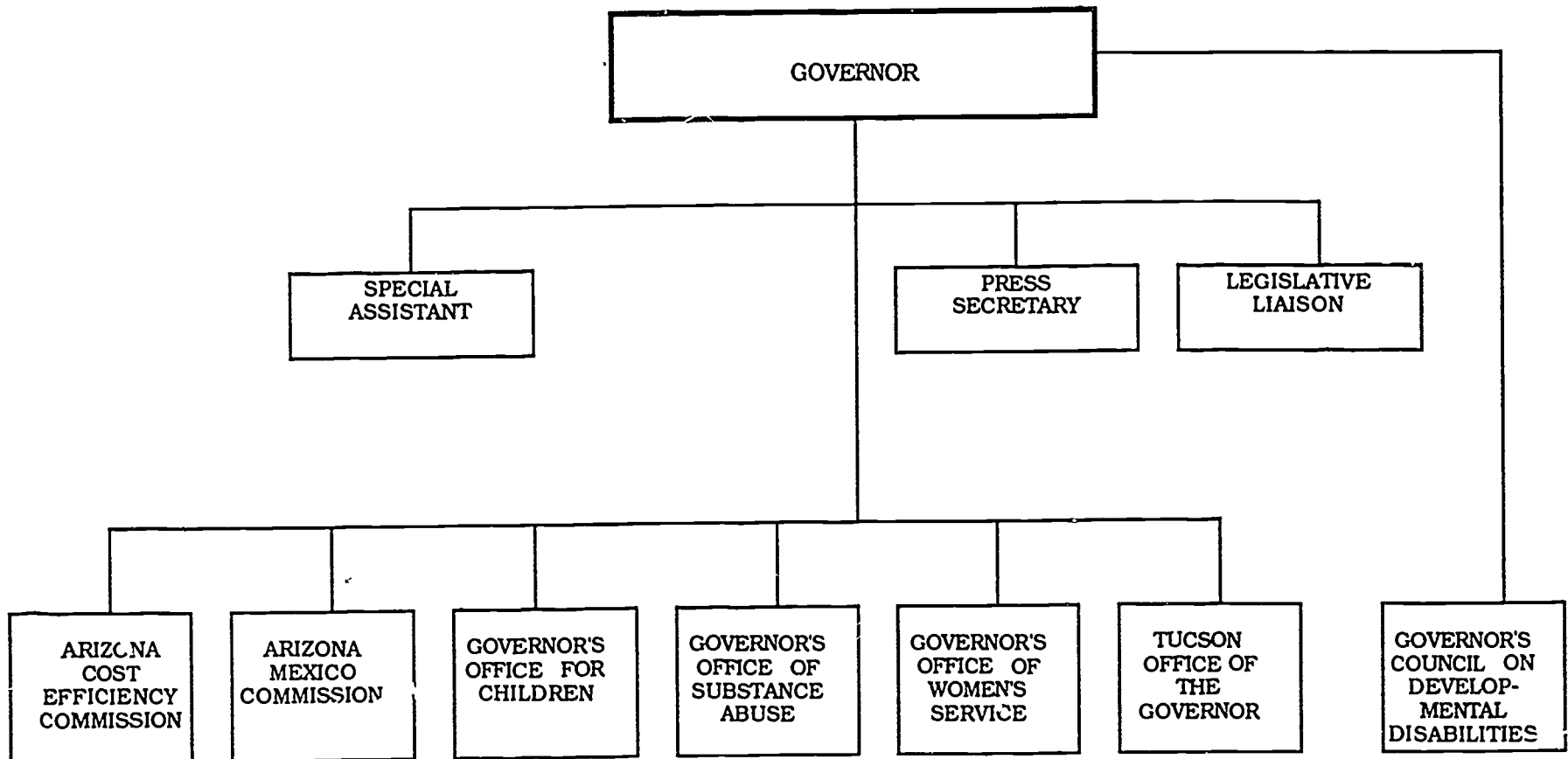
This council is statutorily mandated to be established by the State Board of Education. Pursuant to the statute the committee is required to:

1. Review the current rules governing special education programs for pupils who are sensory impaired and make recommendations to the State Board of Education regarding modifications necessary to ensure consistency of standards among programs statewide;
2. Make recommendations to the legislature regarding issues surrounding individuals who are sensory impaired; and
3. Make recommendations to the Arizona Board of Regents regarding expansion and funding of programs for teachers of pupils who are sensory impaired.

ASDB Parent Advisory Councils

The Arizona State School for the Deaf and Blind has a Parent Advisory Council whose objective is to advise ASDB in matters pertaining to the delivery of services and programs to children who are sensory impaired.

OFFICE OF THE GOVERNOR



GOVERNOR'S OFFICE

Governor's Office for Children
Governor's Office for Children Development

**Governor's Council on
Developmental Disabilities**



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GOVERNOR'S OFFICE

The Office of the Governor consists of four offices which report to the Governor. Each Office advises the Governor regarding information in its particular area. The Offices within the Office of the Governor chosen for review has an impact on infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families.

The Governor's Council on Developmental Disabilities is not within the Office of the Governor, but is included in this section because it reports directly to the Governor and has an impact on infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families.

TABLE OF CONTENTS

Governor's Office For Children	
Services	253
Governor's Council on Developmental Disabilities	
Priority Service Areas	261

ADDRESSES

**Governor's Office for Children
1645 W. Jefferson, Suite 420
Phoenix, AZ 85012
602-542-3191**

**Governor's Council on Developmental Disabilities
1717 W. Jefferson, Site Code 074Z
P.O. Box 6123
Phoenix, AZ 85005
602-542-4049**

GOVERNOR'S OFFICE FOR CHILDREN

GOVERNOR'S OFFICE FOR CHILDREN

MISSION

The Governor's Office For Children is responsible for the formation and coordination of children's policies and programs in Arizona. The Office makes legislative recommendations to the governor that promote well-being and protection for children and their families in the state of Arizona.

Goal

The goal of the Governor's Office For Children is to provide a strong voice for children from within the Executive Branch of state government.

STRUCTURE

The Governor's Office For Children was commissioned by Governor Mofford pursuant to Executive Order No. 88-22 and is administered by a director and an assistant director. Executive Order No. 88-22 states that the Office shall utilize staff and resources within other departments of state government as designated by the governor.

The Governor's Office For Children has convened five committees in the state of Arizona: (1) Child Abuse Prevention Task Force, (2) Children's Justice Task Force, (3) Arizona Child Care Committee, (4) The State of the State Meeting on Teenage Pregnancy, and (5) The Select Committee on Adolescent Suicide Prevention. Each of these committees has its own mission and projects. The committees that pertain to children 0-3 years of age and their families are discussed in more detail in the section entitled "Services".

SERVICES

In an effort to accomplish its responsibilities as set forth in Executive Order No. 88-22, the Governor's Office for Children has convened four committees that pertain to infants and toddlers. These committees are discussed below.

Child Abuse Prevention Task Force

The mission of this task force is to explore the needs of the community in addressing the issue of child abuse prevention and to make recommendations that would facilitate a more effective delivery and coordination of services on a statewide

basis. The Task Force also will assess the progress of the state in carrying out the recommendations of the 1985 Child Abuse and Neglect Prevention and Reduction Task Force and will assist in the development of a State Prevention Plan that will be used as a guide for future statewide efforts to prevent child abuse. The task force is comprised of approximately twenty-five leaders from both community and state agencies. This includes individuals from the legal profession, medical profession, and community volunteers.

The Children's Justice Act Task Force

The mission of the Children's Justice Task Force is to study investigative and judicial practices and procedures as they pertain to child victims and witnesses. Particular emphasis will be placed on victims of sexual abuse and coordinating related criminal and civil proceedings. The task force will draft protocol for prosecutorial procedures, team investigations, court room accommodations and procedures, and a "Children's Bill of Rights". It will implement the development of specialized training modules and advocate for policy changes on training requirements for law enforcement, judges, and prosecuting attorneys.

The twenty-eight member task force is comprised of both the public and private sectors and includes individuals from the judiciary, legal profession, law enforcement, victim/witness programs, and the medical profession.

Arizona Child Care Committee

The mission of the Arizona Child Care Committee will be to establish a statewide plan for child care, thus coordinating present and future services offered by the public and private sectors. The Governor's Office For Children formed the Arizona Child Care Committee in conjunction with the Department of Economic Security, the Department of Health Services, and with participation by the Arizona Department of Education and the Governor's Office For Women. This eighteen-member committee will examine ways of increasing availability of accessible and affordable child care and make recommendations regarding policy, funding, and service delivery improvements.

State of the State Meeting On Teenage Pregnancy

On August 15, 1988, the Governor's Office For Children, the Arizona Department of Health Services, and the Arizona Family Planning Council hosted a conference on teenage pregnancy. This meeting was held to identify the problems, needs, opportunities, and specific strategies for addressing the teen pregnancy problem in Arizona and was attended by over 85 executive level professionals from a broad range of private, public, and community-based organizations. Taken into consideration at this meeting were the following facts in regard to babies of teen mothers:

1. Babies of teen mothers are at greater risk of diseases, disability and death because of the age of the mother, and they are twice as likely to have inadequate prenatal care;
2. Babies of teen mothers are one and one half times as likely to be low birth weight babies, resulting in physical and developmental disabilities; and
3. Babies of teen mothers are more likely to suffer from childhood accident, injury, abuse and neglect as well as poor health and lack of early childhood education.

A report from the meeting was developed and presented to the Governor on October 4, 1988.

In addition, the Governor's Office For Children is designated as the state agency for the administration of the Juvenile Justice Delinquency Prevention Grant, the Dependent Care Planning & Development Grant, and the Child Development Assistance Scholarship Grant (coordinated through Central Arizona College).

INTERAGENCY COORDINATION

The Governor's Office For Children works with various state agencies and councils in an effort to facilitate coordination between state departments and private organizations. A brief description of this coordination follows.

1. Department of Health Services (ADHS)
The Governor's Office For Children has worked with the Department of Health Services to establish the Arizona Child Care Committee. In addition, the Department of Health Services co-hosted the State of the State Meeting on Teenage Pregnancy. The Governor's Office for Children is a member of the Behavioral Health Council and the SOBRA coalition. The Department of Health Services and the Governor's Office for Children have also collaborated on legislation to prevent teenage pregnancy and to provide early, comprehensive prenatal care to pregnant women.
2. Department of Economic Security (DES)
The Governor's Office For Children worked in conjunction with the Department of Economic Security to form the Arizona Child Care Committee. The Governor's Office for Children is a member of the Department of Economic Security's Children and Families Task Force and the Welfare Reform Task Force. The Department of Economic Security and the Governor's Office for Children are also collaborating to sponsor a Child Abuse Prevention Conference.

3. Arizona Department of Education (ADE)
The Arizona Department of Education participated in establishing the Arizona Child Care Committee. The Governor's Office for Children is a member of the Early Childhood Task Force and the K-3 Advisory Council. The Governor's Office for Children coordinates with the Department of Education to promote early childhood and youth-at-risk programs.
4. The Governor's Office For Women
The Governor's Office For Women also participated in the formation of the Arizona Child Care Committee. The Governor's Office for children and the Governor's Office for Women have coordinated a number of community events to provide information and education concerning the needs of women and children.
5. Arizona Family Planning Council
The Arizona Family Planning Council also co-hosted the State of the State Meeting on Teenage Pregnancy.

LAWS & REGULATIONS

The Governor's Office For Children is established by an executive order from the Governor and is not regulated by any other state or federal law. The executive order under which the Governor's Office For Children operates is described below.

Executive Order No. 88-22

This order was signed on September 15, 1988, and supersedes the previous Executive Order No. 85-18. It lists the following responsibilities for the Governor's Office For Children:

1. To serve as an interagency coordinator on children, youth and family programs within state government and promote coordination with federal and private agencies;
2. To serve as the information base on children and youth programs in Arizona;
3. To recommend priorities for children and youth services to the Governor;
4. To organize community efforts on a statewide level around children and youth issues of statewide concern;
5. To disseminate information on children and youth issues via publications, conferences, workshops and an annual report to the Governor on the status of Arizona's children; and
6. To provide an advocacy voice for children and youth in state policy-making.

FUNDING

The Governor's Office for Children receives all of its funding for programs and activities from the state general fund. A certain amount of money is allocated to the Governor's Office by the state legislature. A portion of that allocation is then earmarked for the Governor's Office for Children.

ADVISORY COUNCILS

Governor's Advisory Council to the Governor's Office For Children

Executive Order 88-22 mandates an advisory council to the Governor's Office For Children. The mission of the Governor's Advisory Council is to provide an advocacy voice to the Governor's Office for Children and to the Governor on children, youth, and family issues. The Council consists of twenty-five members who are appointed by the governor.

GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES

259

249

GOVERNOR'S COUNCIL ON DEVELOPMENTAL DISABILITIES

MISSION

The Governor's Council On Developmental Disabilities provides coordination and planning in the field of developmental disabilities. To this end, the Council has adopted goals and objectives which focus on the establishment of a comprehensive service delivery system which would address the various habilitation and rehabilitation needs throughout the total lifespan of persons with developmental disabilities.

Goal

To promote the development of available services which promote self-sufficiency as well as each individual's right to self-determination to the maximum extent possible.

STRUCTURE

The Governor's Council On Developmental Disabilities is a planning and advocacy body established by statute in the state of Arizona. The Council is responsible for reporting to the Office of the Governor. Although the Governor's Council is an autonomous unit, some administrative and technical assistance is provided by various divisions within the Department of Economic Security. The Council consists of volunteers and professionals who advocate and plan on behalf of persons with developmental disabilities and consists of no more than 23 members appointed by the Governor. One-half of the Council must consist of persons with developmental disabilities, or parents or guardians of such persons, or immediate relatives or guardians of persons with mentally impairing developmental disabilities. Of that one-half, one third must be persons with developmental disabilities, and another one-third must be immediate relatives or guardians of an institutionalized person with a developmental disability.

PRIORITY SERVICE AREAS

The Governor's Council on Developmental Disabilities is responsible for the development of a three-year state plan which includes the selection of priority service areas for those three years. The plan describes the service network impacting on persons with developmental disabilities, service needs or gaps, goals and objectives, and areas of need for the allocation of project funds. The Council also has the responsibility of monitoring this state plan.

The Governor's Council chose case management, employment related activities, and child development as the priority service areas for the FY87-89 state plan. State plan objectives are developed to comply with directives set forth in Public Law 98-547 and Public Law 100-146. Pursuant to these federal laws, the Council must use project funds to supplement and increase current levels of funding and address gaps in the service delivery system. In addition, the Council is now required to identify the fiscal and policy barriers to addressing the needs of underserved persons with developmental disabilities.

The Governor's Council On Developmental Disabilities advanced the following goals for FY89:

1. 1990 Report
To prepare the 1990 report to provide federal and state policymakers with information required to make fiscal and policy decisions to enhance the service system capability to enable persons with developmental disabilities to achieve their maximum individual potential.
2. Legislation
To initiate systems change through legislative action and to implement policies of the Governor's Council on Developmental Disabilities Legislative Committee.
3. Family Support
To develop an effective team of professionals and family members that will enable persons with developmental disabilities to develop their maximum potential by providing training for families and promoting training of professionals which includes the rights of individuals and families served.

To prepare a report by 9/30/89 which analyzes alternative models utilized for community-based programming and family support, and present recommendations to educate policy makers regarding the value of community based programming and family support.
4. Title XIX--Long Term Care
To ensure that the implementation of Long Term Care in Arizona results in: (a) services being provided to persons with developmental disabilities who have not been adequately served, and (b) additional resources being directed toward community-based programming.
5. Employment
To initiate actions that will result in a more integrated system for meeting the employment needs of persons with developmental disabilities by 1991.

6. Early Intervention

To increase the number of children identified as needing early intervention services by advocating for the maintenance and improvement of Child Find activities statewide by the Arizona Department of Education, the Department of Economic Security/Division of Developmental Disabilities, the Department of Health Services, and any other entities who screen children for developmental disabilities. The goal being that within the next 10 years, all children who meet the functional definition are screened, evaluated, and referred.

To monitor the progress of the implementation of P.L. 99-457.

To promote an increase in the number of local educational agencies which provide preschool services to children aged 3-5 years with developmental disabilities.

7. Persons with Developmental Disabilities with Behavioral Problems

To initiate steps to ensure that persons with developmental disabilities who have behavioral problems receive the services they need in the least restrictive environment.

8. Minority Participation

To increase minority participation in both the Governor's Council On Developmental Disabilities and the service system through the following:

- a. The establishment of formal procedures to recruit and recommend a list of representatives of minority groups to be appointed to serve on the Council as vacancies occur;
- b. The establishment of contact with minority organizations to obtain input regarding unmet needs of minority persons with developmental disabilities;
- c. The development of strategies to more effectively meet the needs of Native Americans with developmental disabilities; and
- d. The provision scholarships by May of 1989 to enable Native American parents to participate in the annual Native American Conference on Developmental Disabilities.

9. Communication/Public Awareness

To increase public awareness of issues related to developmental disabilities through community involvement and public relations.

10. Elderly
To facilitate the establishment of formal linkages between the aging and developmental disabilities networks and initiate joint efforts to develop resources such as assistive technology to address common problems such as long term care.
11. Protection & Advocacy
To provide supplemental funding through 9/30/89 to the Center for Law in the Public Interest to enable it to provide additional Protection and Advocacy Services in the rural areas of Arizona.
12. Administration
To coordinate the administrative functions with the administering agency (Department of Economic Security).

INTERAGENCY COORDINATION

As mentioned earlier, one of the goals of the Governor's Council On Developmental Disabilities is to advocate for the maintenance and improvement of Child Find activities statewide by the Arizona Department of Education, the Department of Economic Security, Division of Developmental Disabilities, the Department of Health Services, and any other state entities who screen children for developmental disabilities. In addition the Governor's Council coordinates its activities with other state agencies. A brief description of this coordination follows.

1. Department of Economic Security (DES)
The Department is the designated Developmental Disabilities Administering State Agency. Pursuant to the Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments of 1978, the Council is required to work with the state administering agency jointly to develop the state developmental disabilities plan. The Governor's Council On Developmental Disabilities receives support from the Department of Economic Security in the areas of personnel, planning and budget, internal audit, management and review, accounting, staff training, contracts, and purchasing.
2. Arizona Center For Law In The Public Interest
The Arizona Center For Law In The Public Interest is the designated State Protection & Advocacy agency for the state of Arizona. The Center For Law works to ensure the protection of legal and human rights of persons with developmental disabilities. The Governor's Council On Developmental Disabilities has provided supplemental funding through September of 1989 to the Arizona Center For Law In The Public Interest to assist in providing protection and advocacy services in rural Arizona.

LAWS & REGULATIONS

The Governor's Council On Developmental Disabilities is authorized and regulated by both federal and state law. A brief description of this legislation follows.

Federal

Mental Retardation Facilities Construction Act of 1963, P.L. 88-164

This Act authorized federal support for the construction of various centers and facilities for children and adults with mental retardation.

The Developmental Disabilities Services and Facilities Construction Amendments of 1970, P.L. 91-517

Through these amendments, states were given broad responsibility for planning and implementing a comprehensive program of services as well as developing a system for delivery of these services. A council made up of representatives of public and private agencies and consumers of the services they provided was to be established for statewide planning and coordination.

Developmental Disabilities Assistance and Bill of Rights Act of 1975, P.L. 94-103

This Act extended state formula grants which assist in planning and implementing programs on behalf of children and adults with developmental disabilities for three years.

Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments, P.L. 95-602

These amendments revised the Developmental Disabilities Act by revising the definition of the eligible population and shifting the emphasis of the services areas from planning to priority service areas. In addition, a clarification in the role and changes in the composition of state planning councils were included. These included requiring the planning council and the state administering agency (the Department of Economic Security in Arizona) to jointly develop the state developmental disabilities plan and requiring the states to focus an increased share of grant funds on a limited number of priority service areas.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

The Developmental Disabilities Assistance and Bill of Rights Act was extended for three more years under this Act.

Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1984, P.L. 98-547

In these amendments, the purpose of the Developmental Disabilities Act was expanded to include assisting persons with developmental disabilities to achieve their maximum potential through increased independence, productivity, and integration into the community. The priority service areas were revised to place an emphasis on employment and related services and added new Council and secretarial reporting requirements.

Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, P.L. 100-146

Under these amendments, programs authorized under the grant were extended for three years and the priority service areas were again revised to place an emphasis on family support services. Also, minimum allotments for the basic state grant program were raised and the state councils were required to identify the fiscal and policy barriers to addressing the needs of unserved or underserved persons with developmental disabilities.

State

Arizona Revised Statutes Section 41-2452

This statute establishes the Governor's Council On Developmental Disabilities.

Arizona Revised Statutes Section 41-454

This statute lists the duties of the Governor's Council as the following:

1. Serve as a forum for issues regarding current and potential services and programs for persons with developmental disabilities;
2. Advise the private sector, executive branch, and legislative branch on programs and policies pertaining to current and potential services to persons with developmental disabilities and their families;
3. Submit periodic reports to the Governor, Speaker of the House, and President of the Senate concerning services to persons with developmental disabilities;
4. Review, comment, and make recommendations on all service plans of the state affecting services to persons with developmental disabilities and forward a summary of all recommendations and responses from agencies to appropriate legislative committees;

5. Develop, prepare, adopt, review, and revise a plan for developmentally disabled persons;
6. Monitor programs and services for persons with developmental disabilities to encourage efficient and coordinated use of resources in the provision of services; and
7. Facilitate coordination of local district advisory councils for developmental disabilities in six planning districts.

FUNDING

The Governor's Council On Developmental Disabilities receives federal funding under the Developmental Disabilities and Bill of Rights Act as amended. This is the only source of funding for the Governor's Council and is described below.

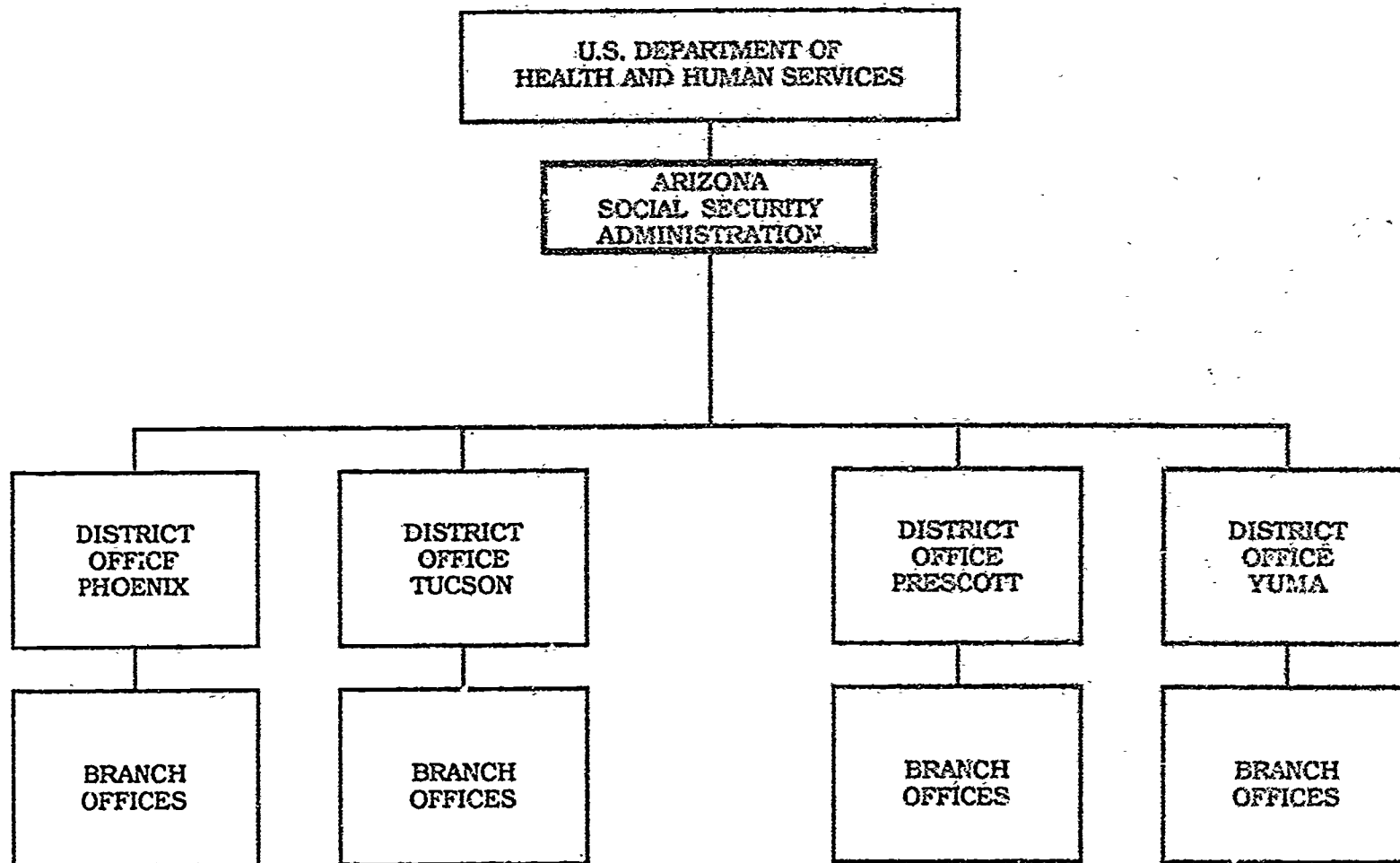
Developmental Disabilities and Bill of Rights Act and Amendments

The Governor's Council On Developmental Disabilities receives funding in the form of basic formula grants for planning services under Part B of this legislation. These federally assisted grants are designed to assure that persons with developmental disabilities receive the care, treatment, and other services necessary to enable them to achieve their maximum potential through increased independence, productivity, and integration into the community and establish and operate a system which coordinates, monitors, plans, and evaluates those services.

ADVISORY COUNCILS

Although the Governor's Council On Developmental Disabilities does not have any advisory councils, it does facilitate coordination of the local developmental disabilities advisory councils in the six developmental disabilities planning districts. These councils are authorized under A.R.S. 36-553 and are each composed of 13 members who shall be persons interested in developmental disabilities who shall not be employees of the Department of Economic Security. The members are appointed by the Director of the Department of Economic Security to represent geographic regions of the state established for planning purposes. The majority of members are required to be parents or relatives of persons with developmental disabilities.

SOCIAL SECURITY ADMINISTRATION



SUMMARY MATRIX OF SERVICES BY AGENCY

SOCIAL SECURITY ADMINISTRATION

Supplemental Security Income (SSI)

TYPES OF SERVICES

Adoption
Advocacy
Assessment/Evaluation
Audiological Services
Case Management
Child Find/Identification
Crisis Intervention
Day Care
Dental Service
Employment Assistance
Family Planning
Family Therapy/Counseling
Financial Assistance
Foster Care
Genetic Counseling
Home-Based Intervention
Home Health Care
Homemaker Services
Legal Services/Action
Licensing/Regulation
Medical Services
Nutritional Services
Occupational Therapy
Parent/Adult Education
Parent Support Groups
Physical Therapy
Preschool (3-5)
Prevention Services
Protective Services
Psychiatric/Psychological Services
Public Awareness
Referral
Residential Programs (0-3)
Respite Care
Screening
Special Equipment
Speech/Language Therapy
Sibling Support Groups
Transition Services
Transportation
Vision Testing/Services

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SOCIAL SECURITY ADMINISTRATION

The Social Security Administration is the federal agency that administers the Supplemental Security Income (SSI) program. Supplemental Security Income provides financial benefits to low-income elderly, disabled, or blind individuals who satisfy both income and resource eligibility requirements. Each state has district and branch offices to handle claims for benefits.

Although the Social Security Administration provides several types of programs to needy individuals, the program chosen for review is the one having a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. This program is the Supplemental Security Income (SSI) program.

TABLE OF CONTENTS

Social Security Administration	
Supplemental Security Income (SSI)	
Eligibility	273
Income Requirements	274
Resource Requirements	276
Medical Requirements	276
Applying for SSI Benefits	277

ADDRESS

Social Security Administration
378 N. 16th Street
Phoenix, AZ 85006
800-234-5772

SOCIAL SECURITY ADMINISTRATION SUPPLEMENTAL SECURITY INCOME

MISSION

Supplemental Security Income provides financial benefits to low-income elderly, disabled or blind individuals who satisfy both income and resource eligibility requirements.

Goal

To provide a nationally uniform guaranteed minimum income for aged, blind, and disabled individuals based on national uniform eligibility standards and payment levels.

STRUCTURE

The Supplemental Security Income (SSI) program is a federally-administered cash assistance program authorized under Title XVI of the Social Security Act. The Supplemental Security Income program is administered by a federal agency, the Social Security Administration (SSA). Each state has district and branch offices to handle claims for benefits. The district offices in Arizona are located in Phoenix, Prescott, Tucson, and Yuma. These district offices oversee branch offices located throughout the state.

Although SSI is a federal program, states who covered individuals under a State Old Age Assistance program prior to the enactment of the SSI program in 1974 are required to supplement SSI benefits to a level equal to the amount provided to individuals under the Old Age Assistance program. Most states provide optional supplemental payments to SSI recipients in their state.

ELIGIBILITY

To be eligible to receive SSI benefits, an individual must meet all of the following requirements:

1. Age 65 or older, blind, or disabled;
2. A resident of the United States; and
 - a. a citizen or natural of the United States, or
 - b. an alien lawfully admitted for permanent residence in the United States, or

- c. an alien permanently residing in the United States under color of law;
3. Have income and resources equal to or less than the permitted amount; and
4. File an application for SSI benefits.

As stated above, eligibility is determined by certain income, resource, and medical requirements. These eligibility criteria, as they relate to children 0-3 years of age, are described below.

Income Requirements

The method used to determine income eligibility for children is to "deem" some of the parent's income as the child's income. This is based on the idea that a parent is expected to use some of his or her income to take care of their child's needs. The income of a parent is considered in the current month to determine whether a child is eligible for Supplemental Security Income benefits for that month. All income of a parent (and/or a parent's spouse) is not always included in the amount that is "deemed". The following types of parental income (including that of a parent's spouse) are not included in the deeming process:

1. Income excluded by Federal laws other than the Social Security Act;
2. Any public income-maintenance payments received by the parent;
3. Any of the income of a parent that is used by a public income-maintenance program to determine the amount of that program's benefit to someone else;
4. Any portion of a grant, scholarship, or fellowship used to pay tuition or fees;
5. Money received for providing foster care to an ineligible child;
6. The value of food stamps and the value of Department of Agriculture donated foods;
7. Food raised by a parent and consumed by members of the household in which the child lives;
8. Tax refunds on income, real property, or food purchased by the family;
9. Income used to fulfill an approved plan for achieving self-support;
10. Income used to comply with the terms of court-ordered support, or support payments enforced under Title IV-D of the Social Security Act;
11. The value of in-kind support and maintenance;
12. Periodic payments made by a state under a program established before July 1, 1973, and based solely on duration of residence and attainment of age 65.
13. Disaster assistance;
14. Income received infrequently or irregularly;
15. Work expenses if the parent is blind;

16. Income of the parent which was paid under a federal, state, or local government program to provide them with chore attendants or homemaker services; and
17. Certain other support and maintenance.

In determining the amount of income "deemed" to be that of the child, a portion of parental income is allocated to each child in the household who is ineligible for SSI benefits for his or her needs. This results in a disregard of \$185 per child per month which is the difference between the federal benefit rate for an individual and the federal benefit rate for a couple. In addition, a portion of the income is allocated to the parent and the parent's spouse for their needs and is also not included in the amount of parental income deemed to be that of the child. This is done in the following ways:

1. All parental income is earned income
When all parental income (or that of the parent's spouse) is earned income the amount of the disregard is \$85 plus \$1,106 if both parents live with the child and \$85 plus \$736 if only one parent is in the home.
2. All parental income is unearned income
When all parental income (or that of a parent's spouse) is unearned, the amount of the disregard is \$20 plus \$553 if both parents live with the child and \$20 plus \$368 if only one parent is in the home.
3. Parental income is both earned and unearned income
When the parental income (or that of a parent's spouse) is both earned and unearned, subtract \$20 from the combined unearned income and subtract \$65 from the earned income and divide that by 2. Then the remaining earned and unearned income is totaled and \$553 is subtracted from the total if there are two parents in the home and \$354 is subtracted if there is only one parent in the home.

The amount remaining after all of the above calculations (determining the amount of countable earned and unearned income and then subtracting the disregards for ineligible children in the household and the parental disregard as described above) is the amount of parental income deemed to be income of the child. This amount must be less than the federally guaranteed payment level (\$354) for the child to be income eligible for Supplemental Security Income.

Example:

Henry, a disabled child, lives with his mother and father and a 12 year old ineligible brother. His mother receives a pension (unearned income) of \$295 per month and his father earns \$955 per month. Henry and his brother have no income. First, we allocate \$185 for Henry's brother from the unearned

income of \$295. This leaves \$110 in unearned income. Since the remaining parental income is both earned and unearned, we reduce the unearned income further by \$20, leaving \$90. We then reduce the \$955 of earned income by \$65 and divide by 2, leaving \$445. From the total remaining income of \$542 (\$445 of earned and \$97 of unearned), we subtract \$553 (the federal benefit rate for a couple), as the allocation for the parents, leaving 0 to be deemed as Henry's unearned income. Since that amount is less than the \$368 federal benefit rate for an individual, Henry is eligible for SSI.

Resource Requirements

To qualify for Supplemental Security Income, an individual can not have assets amounting to more than \$2,000 and a couple can not have assets amounting to more than \$3,000. Assets are defined as things one owns, such as real estate, personal belongings, a car, savings and checking accounts, cash, stocks, bonds, etc. Some assets are not counted. Assets which are excluded when determining resources include the following:

1. The home one lives in;
2. Household goods and personal effects with a limit of \$2,000 in equity value;
3. \$4,500 of the current market value of a car;
4. Burial plots; and
5. A maximum of \$1,500 for burial funds for an individual and a like amount for a spouse.

Parental assets are attributed to a child when determining that child's eligibility under the assets test.

Medical Requirements

Medical eligibility is determined at Disability Determinations at the Department of Economic Security based on reports from qualified medical doctors. A child under 18 years of age is disabled if he or she:

1. Is not doing any substantial gainful activity; and
2. Has a medically determinable physical or mental impairment(s) which compares in severity to any impairment(s) which would make an adult disabled.

The Code of Federal Regulations (CFR) contains listings of impairments which are considered severe enough to prevent a person from doing any gainful activity. The medical listings in Part A of 20 CFR Part 404 contain medical criteria that apply to adult persons age 18 and over. The medical criteria in part A may also be applied in evaluating impairments of persons under age 18 if the disease processes have a similar effect on adults and younger persons. The listings in Part B contain additional medical criteria that apply only to the evaluation of

impairments of persons under age 18. Certain criteria in Part A do not give appropriate consideration to the particular effects of the disease processes in childhood (i.e. when the disease process is generally found only in children or when the disease process differs in its effect on children than on adults). Additional criteria are included in Part B. In evaluating disability for a person under age 18, Part B will be used first. If the medical criteria in Part B do not apply, then the medical criteria in Part A will be used.

Most of the listings are permanent or expected to result in death, or a specific statement of duration is made. For all others, the evidence must show that the impairment has lasted or is expected to last for a continuous period of at least 12 months. The listings in both Part A and Part B extensively cover the following categories:

1. Growth Impairment;
2. Musculoskeletal System;
3. Special Senses and Speech;
4. Respiratory System;
5. Cardiovascular System;
6. Genito-Urinary System;
7. Hemic and Lymphatic System;
8. Skin;
9. Endocrine System;
10. Multiple Body Systems;
11. Neurological;
12. Mental and Emotional Disorders; and
13. Neoplastic Diseases, Malignant.

Applying For Supplemental Security Benefits

In addition to meeting the above eligibility requirements, an application for benefits must be filed with the Social Security Administration. To make an application for benefits, an individual should call the national toll-free 800 number (1-800-234-5772). At this number, an individual can get information regarding Supplemental Security Income. If an individual requests a personal interview, the worker at the 800 number will set up an appointment at the Social Security Branch Office nearest to the claimant. All the information for the application can be taken over the phone at the local office. If the claimant is under age 18, or is mentally incompetent, or is physically unable to sign the application, a court appointed representative or a person who is responsible for the care of the claimant, including a relative, may sign the application. An application for SSI benefits is considered filed on the day it is received by an employee at any social security office. An application filed before the first month the claimant meets all other requirements for eligibility, will remain in effect until a final determination on the application is

made by the Social Security Administration. If all the eligibility requirements are met while an application is in effect, benefits will be paid from the first month that all requirements are met through the end of a month. If all the eligibility requirements are not met until after the period for which the application was in effect, a new application for benefits must be filed.

Once an individual is determined to be eligible to receive Supplemental Security Income benefits, a decision notice will be sent to the individual by the Social Security Administration. An individual who is denied SSI benefits may file a Request for Reconsideration at Disability Determinations to get a review of the initial decision. If that is denied, a Request for Hearing may be filed to get a hearing with an Administrative Law Judge to determine eligibility. If the Administrative Law Judge decides at the hearing to deny benefits, an appeal may be filed with the Appeals Council for review of the Administrative Law Judge's decision.

State Supplemental Payment Program

States who covered individuals under a State Old Age Assistance program prior to the enactment of the Federal SSI program are required to supplement SSI benefits to a level equal to the amount provided to individuals under the Old Age Assistance Act. In addition, states may also provide optional state supplemental payments to SSI recipients in their state.

Mandatory State Supplemental Payments

The mandatory supplemental payments program may be administered directly by the Department of Economic Security (DES), or by the federal government under agreement with the Department of Economic Security whereby DES pays the federal government the cost of supplemental payments made under this program and the federal government administers the program pursuant to the agreement and Title XVI of the Social Security Act. In Arizona, the Department of Economic Security administers this program. Mandatory State Supplemental Payments are provided to individuals in the state of Arizona who received benefits under a State Old Age Assistance program prior to the enactment of the Federal SSI program in 1974 and who are eligible for and receive payments under Title XVI of the Social Security Act or who would be eligible but for income.

INTERAGENCY COORDINATION

Although the Social Security Administration is a federal agency, it does coordinate some of its activities in regard to Supplemental Security Income with the Arizona Health Care Cost Containment System. A brief description of this coordination follows.

1. Arizona Health Care Cost Containment System (AHCCCS)
Once an individual is determined SSI eligible, they are automatically eligible for AHCCCS services. The Social Security Administration notifies AHCCCS of this eligibility and sends the AHCCCS eligible individual a decision notice. The individual is then instructed to take the "decision notice" to the local AHCCCS enrollment office to enroll in a medical plan.
2. Department of Economic Security (DES)
Disability Determinations, which is within the Department of Economic Security, is the state medical determining agency and determines medical eligibility for Supplemental Security Benefits.

LAWS & REGULATIONS

The Supplemental Security Income program is regulated primarily by Federal Law. The State Supplemental Payment programs are regulated by both federal and state law. A brief description of both federal and state legislation pertaining to SSI follows.

Federal

Social Security Act of 1935, P.L. 74-271

The original Social Security Act provided grants to states for assistance to needy aged individuals, blind individuals, and dependent children.

Social Security Amendments of 1972, P.L. 92-603

In these amendments Congress repealed public assistance programs for elderly, blind, and disabled and replaced them with a new Title XVI of the Social Security Act. Supplemental Security Income (SSI) was authorized under Title XVI to provide a nationally uniform guaranteed minimum income for the aged, blind, and disabled.

In addition, disabled and blind children under 18 years of age were made eligible for benefits, provided their disabilities were of comparable severity to adult recipients.

Social Security Amendments of 1973, P.L. 93-66

These amendments required states to supplement federal SSI payments to current aged, blind, and disabled recipients whose payments would be reduced after the new SSI program went into effect.

Unemployment Compensation Amendments of 1976, P.L. 94-566

These amendments contained a series of amendments to the Social Security Act. Under these amendments the Social Security Administration was required to refer all SSI eligible children under 16 years of age to the state crippled children's agency for the development of a plan for that individual child. P.L. 94-566 also required the Social Security Administration to publish criteria for making childhood disability determinations within 120 days after the date of enactment of this law.

Social Security Amendments of 1980, P.L. 96-265

The "deeming" of parental income to children under 18 years of age who were living at home in order to determine eligibility for SSI benefits was limited under these amendments.

Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

Under this Act, the provision of the Social Security Act requiring referral of blind and disabled children to the SSI Crippled Children's Program was changed to require referral to the state agency administering the Maternal and Child Health Block Grant Program.

In addition, eligibility restrictions and payment reductions to otherwise eligible persons who were residing in institutions for up to two months were made waivable by the U.S. Secretary of Health and Human Services.

Social Security Amendments of 1983, P.L. 98-21

These amendments allow aged, blind, and/or disabled individuals who are temporary residents of a public emergency shelter to receive SSI payments for up to 3 months during any 12-month period. In addition, they allow for the disregard of emergency and other in-kind assistance provided by nonprofit organizations when determining income eligibility.

Social Security Disability Benefits Reform Act of 1984, P.L. 98-460

In regard to SSI benefits, this Act directed the U.S. Secretary of Health and Human Services to establish a monitoring system for the accountability of representative payees.

Omnibus Budget Reconciliation Act of 1987, P.L. 100-203

This Act increased the personal needs allowance for SSI individuals from \$25 to \$30 monthly, authorized a demonstration program to assist eligible homeless individuals to apply for and receive SSI benefits, continued the full benefit standard for temporarily institutionalized individuals, and authorized an extension of the number of months that

an individual in a public emergency shelter can be eligible for SSI benefits from 3 months in any 12-month period to 6 months in any 9-month period.

State

Arizona Revised Statutes Section 46-251 through 46-253

These statutes regulate eligibility requirements and benefit amounts for the mandatory and the optional State Supplementary Payment Programs.

FUNDING

Supplemental Security Income is entirely funded by federal monies. This funding is granted under Title XVI of the Social Security Act.

Federal

Title XVI of the Social Security Act

This title was added to the Social Security Act to provide a national program of Supplementary Security Income to the aged, blind, and disabled.

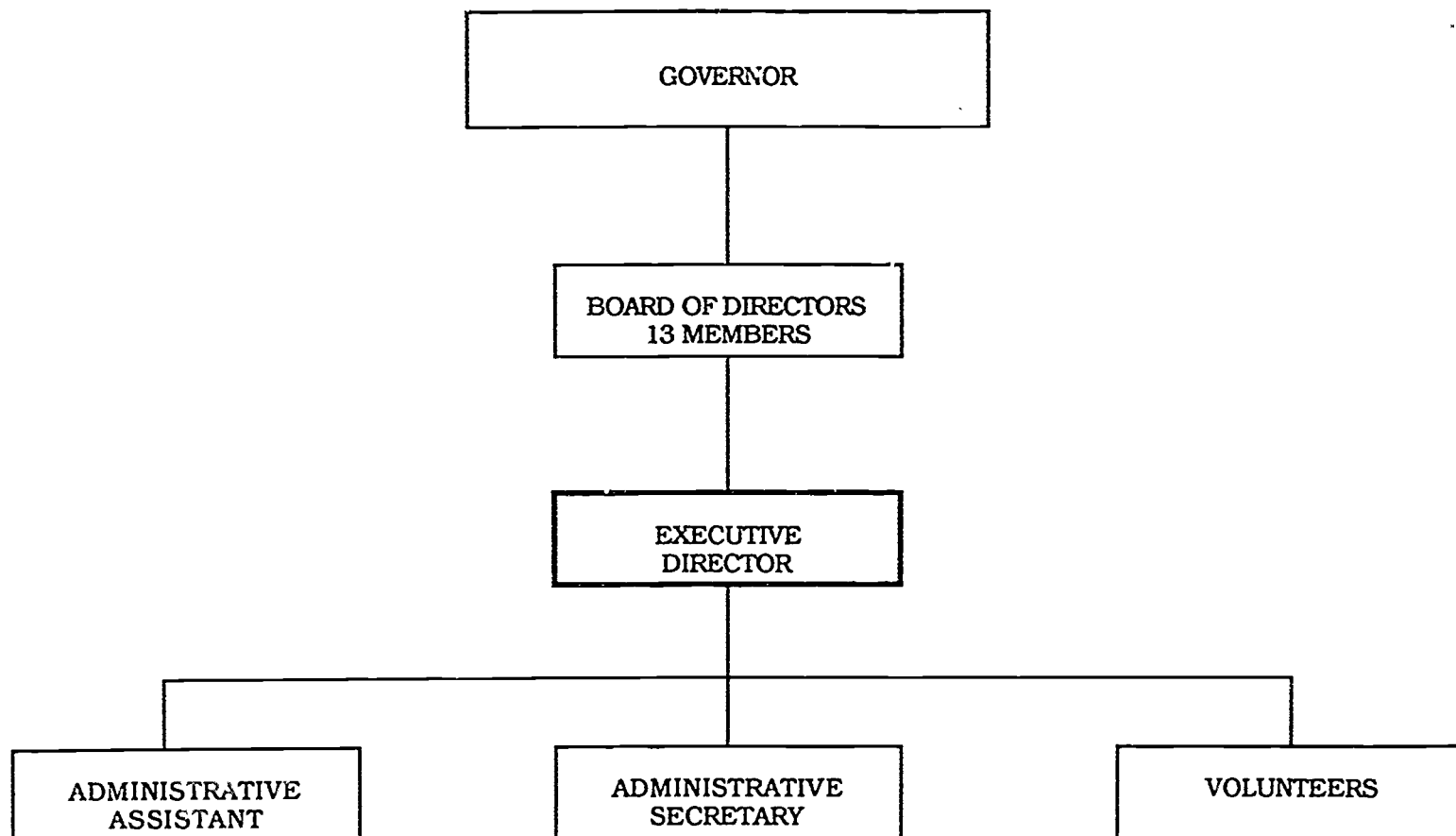
Non-Federal

None

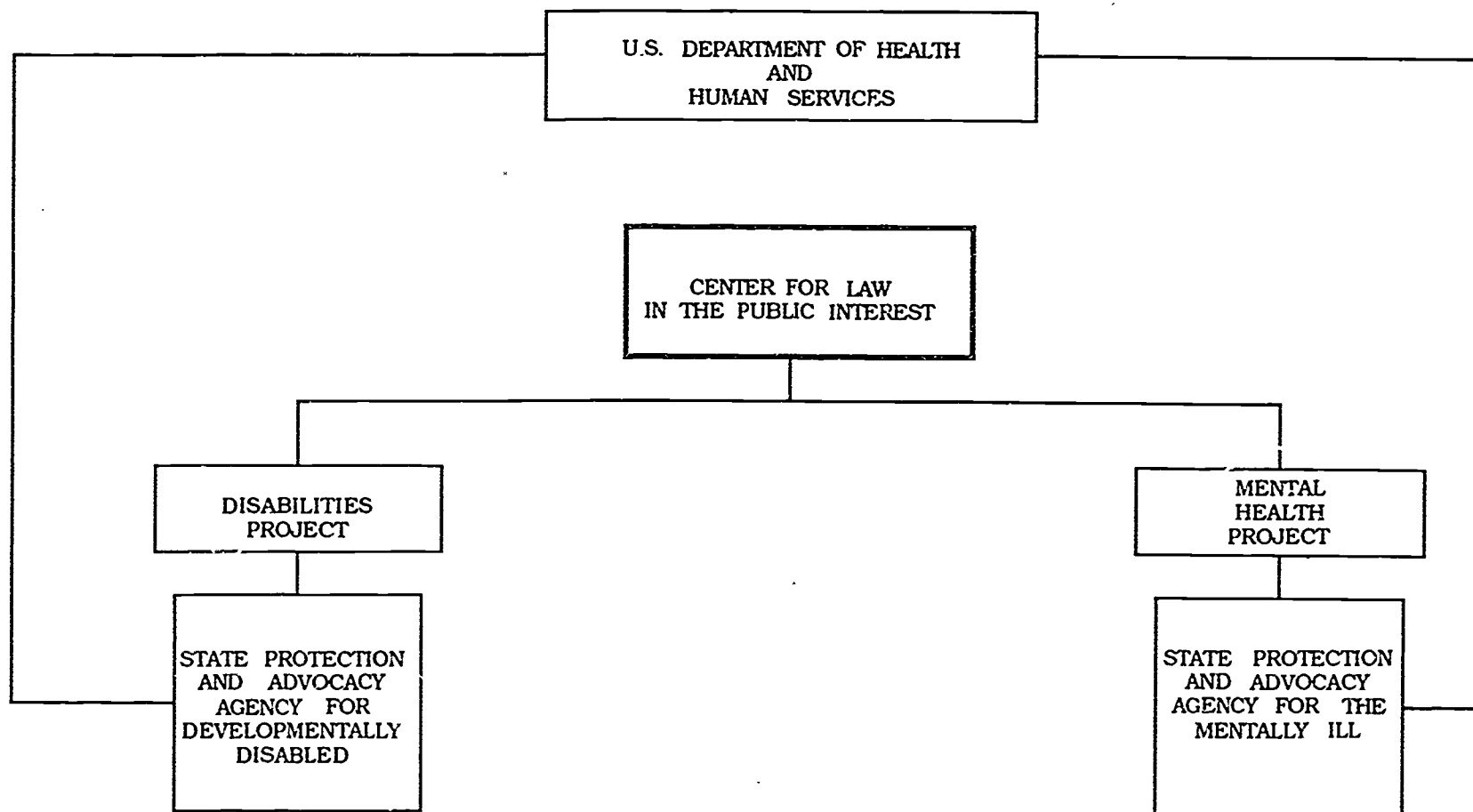
ADVISORY COUNCILS

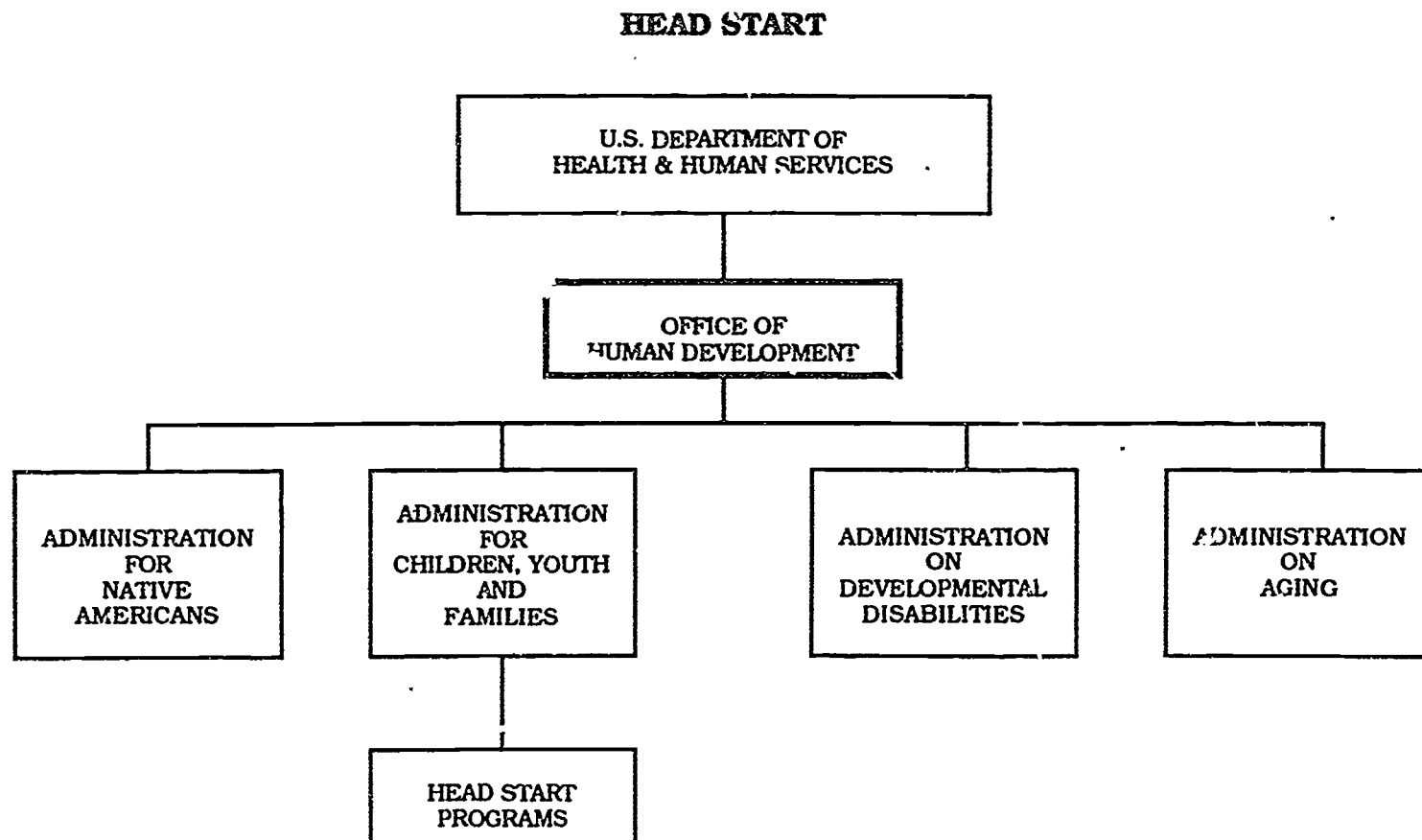
There is currently no Advisory Council for the Social Security Administration.

ARIZONA COUNCIL FOR THE HEARING IMPAIRED



CENTER FOR LAW IN THE PUBLIC INTEREST





SUMMARY MATRIX OF SERVICES BY AGENCY

TYPES OF SERVICES					OTHER							
	Arizona Council for the Hearing Impaired				Arizona Center for Law in the Public Interest							
Adoption												
Advocacy	*		*									
Assessment/Evaluation												
Audiological Services												
Case Management												
Child Find/Identification												
Crisis Intervention												
Day Care												
Denial Services												
Employment Assistance												
Family Planning												
Family Therapy/Counseling												
Financial Assistance												
Foster Care												
Genetic Counseling												
Home-Based Intervention												
Home Health Care												
Homemaker Services												
Legal Services/Action			*									
Licensing/Regulation												
Medical Services												
Nutritional Services												
Occupational Therapy												
Parent/Adult Education	*											
Parent Support Groups												
Physical Therapy												
Preschool (3-5)												
Prevention Services												
Protective Services												
Psychiatric/Psychological Services												
Public Awareness	*		*									
Referral	*		*									
Residential Programs (0-3)												
Respite Care												
Screening												
Special Equipment	*											
Speech/Language Therapy												
Sibling Support Groups												
Transition Services												
Transportation												
Vision Testing/Services												

*There are no Head Start programs in the state of Arizona for children under the age of three.

OTHER

The entities reviewed in this section include those that are either solely federally regulated or independent agencies which have a major impact upon services to infants and toddlers with developmental delays or who are at risk for developing a handicapping condition and their families. These entities include the Arizona Council for the Hearing Impaired, the Arizona Center for Law in the Public Interest, and Head Start. This review does not necessarily include all of the program activities offered by the Arizona Council for the Hearing Impaired, the Arizona Center for Law in the Public Interest, and Head Start.

TABLE OF CONTENTS

Arizona Council for the Hearing Impaired	
Eligibility	291
Services	292
Arizona Center for Law in the Public Interest	
Eligibility	300
Services	300
Head Start	
Eligibility	307
Services	308

ADDRESSES

OTHER

Arizona Council for the Hearing Impaired
1300 W. Washington
Phoenix, AZ 85007
602-542-3323 (Voice/TDD)
602-352-8161 (Voice/TDD)

Center for Law in the Public Interest
112 N. Central Avenue
Phoenix, AZ 85004
602-252-4904

3208 E. Fort Lowell Road
Tucson, AZ 85716
602-327-9547

Head Start
Southwest Human Development
Resource Access Project
1366 E. Thomas Road, #100
Phoenix, AZ 85014-5739
602-266-5976

**ARIZONA COUNCIL FOR THE
HEARING IMPAIRED**

289

278

ARIZONA COUNCIL FOR THE HEARING IMPAIRED

MISSION

The Arizona Council for the Hearing Impaired was established as an advocacy program in response to the needs and concerns expressed by Arizona's deaf residents. The Arizona Council for the Hearing Impaired is required to study the handicapping problems afflicting the deaf and hard of hearing of all ages, review the administration and operation of the various programs for the deaf and hard of hearing in the state of Arizona and make recommendations concerning such problems and programs to the several agencies and institutions represented on the council as the council deems necessary and proper.

Goal

The Council's goal is to improve the quality of life for deaf and hard of hearing Arizonans by making available services, systems, and information pertaining to this "hidden handicap".

STRUCTURE

The Arizona Council for the Hearing Impaired (ACHI) was established in 1978 and is governed by a thirteen member Board of Directors appointed by the Governor. The Board is statutorily required to consist of the following people: (1) one member from the Department of Economic Security, (2) one member from the Department of Health Services, (3) one member from the Arizona Department of Education, (4) one member from the Arizona School for the Deaf and Blind, (5) a clinical audiologist, (6) a licensed physician, (7) a licensed hearing aid dispenser, (8) two deaf persons, (9) a member from the Arizona register of interpreters for the deaf, (10) a member who is a parent of a deaf person, and (11) two people who are hard of hearing.

Daily operations and programs are administered by an executive director and staff. The Arizona Council for the Hearing Impaired is assisted by both hearing and deaf volunteers on many of its projects.

ELIGIBILITY

Eligibility for the receipt of most services through the Arizona Council for the Hearing Impaired requires only that the individual be a resident of Arizona and be deaf or hard of hearing. There are no income requirements.

SERVICES

The Arizona Council for the Hearing Impaired offers a variety of services to hearing impaired Arizonans. Services include: (1) newsletters, (2) information and referral, (3) sign out, (4) telecommunication devices for the deaf project, and (5) Arizona relay services. These services are described below.

1. Newsletters

A newsletter focusing on national as well as state and local issues regarding the hearing impaired is published and distributed by the Arizona Council for the Hearing Impaired to members of the hearing impaired community. The newsletter is published four times per year and is free of charge.

2. Information and Referral

Members of the Arizona Council for the Hearing Impaired staff serve as a statewide information and referral agency for issues dealing with the hearing impaired. The Council office serves as a clearinghouse for information from national as well as state and local agencies.

3. Sign Out

Sign Out is an informative half hour television program which deals with issues concerning the deaf and hard of hearing. The program has a sign language interpreter pictured in the corner of the television screen to interpret information on the program. Sign Out airs on Sunday mornings on KTVK Channel 3 in Phoenix and KUAT Channel 6 in Tucson.

4. Telecommunication Devices for the Deaf (TDD Project)

Telecommunication devices attach directly to a telephone and allow deaf and speech or hearing impaired individuals to communicate with others who also have TDDs. The Arizona Council for the Hearing Impaired provide telecommunication devices for the deaf at no charge to all Arizonans who meet the criteria for hearing or speech impaired, regardless of income. In addition, an annual TDD telephone directory is distributed at no cost.

5. Arizona Relay Service

The relay service is a dual party telephone relay service which allows hearing and speech impaired persons to communicate by telephone with hearing persons who do not have a TDD. Using a TDD, hearing and speech impaired persons call the relay service. The relay service then calls the hearing person and relays the conversation. Hearing persons may use the relay service to call hearing impaired individuals as well. The relay service

is a 24 hour statewide service administered by the Arizona Council for the Hearing Impaired. The service is free to both hearing and hearing impaired Arizona residents.

INTERAGENCY COORDINATION

The Arizona Council for the Hearing Impaired's enabling statute requires them to act as a bureau of information to the deaf and hard of hearing, state agencies and institutions providing services to the deaf and hard of hearing, and to local agencies of government. To this end, the Council is in contact with other state agencies and coordinates some of its activities with these agencies. A brief description of this coordination follows.

1. Department of Economic Security (DES)

The Arizona Council for the Hearing Impaired was an advocate in establishing a program of psychological services for the hearing impaired. This program is offered at St. Joseph's Hospital and Medical Center and receives some of its funding through the Department of Economic Security.

In addition, one member of the Council is required to be from the Department of Economic Security and the Council is required to maintain an office within the Rehabilitation Services Administration of the Department of Economic Security. Recommendations are made to the Department of Economic Security as the Council deems necessary in regard to problems and programs involving the hearing impaired.

2. Department of Health Services (DHS)

The Department of Health Services also provides funding for the provision of psychological services for the hearing impaired at St. Joseph's Hospital and Medical Center. The Arizona Council for the Hearing Impaired was an advocate for establishing this program. One member of the Council is required to be from the Department of Health Services and recommendations are made as are necessary to the Department regarding programs concerning the hearing impaired.

3. Arizona Department of Education (DES)

One member of the Arizona Council for the Hearing Impaired is required to be from the Arizona Department of Education. In addition, the Council makes recommendations concerning problems and programs relating to the hearing impaired to the Arizona Department of Education.

4. Arizona State School for the Deaf and Blind (ASDB)

One member of the Arizona Council for the Hearing Impaired is required to be from the Arizona State School for the Deaf and Blind. In addition, the Council makes recommendations concerning problems and programs regarding the hearing impaired to the Arizona State School for the Deaf and Blind.

LAWS & REGULATIONS

The Arizona Council for the Hearing Impaired is governed completely by state law. A brief description of this state law follows.

Federal

None

State

Arizona Revised Statutes Section 36-1941

This statute establishes the Arizona Council for the Hearing Impaired and describes the mandatory membership of the Council.

Arizona Revised Statutes Section 36-1943

Pursuant to this statute the Council shall act as a bureau of information to the deaf and hard of hearing, state agencies and institutions providing services to the deaf and hard of hearing, local agencies of government, and other public or private community agencies and programs.

In an effort to provide this information the Arizona Council for the Hearing Impaired is required to do the following:

1. Maintain an office within the Rehabilitation Services Administration of the Department of Economic Security;
2. Inform the deaf and hard of hearing of the availability of the programs and activities of the Council and other services available for the deaf and hard of hearing at all levels of government;
3. Develop and foster a framework of consultation and cooperation with the Rehabilitation Services Bureau of the Department of Economic Security and with all state agencies and institutions represented on the Council;
4. Study the handicapping problems afflicting the deaf and hard of hearing of all ages, review the administration and operation of the various programs for the deaf and hard of hearing in

this state and make recommendations concerning such problems and programs to the several agencies and institutions represented on the Council as the Council deems necessary and proper;

5. Submit an annual report to the Governor and the legislature concerning its findings and recommendations;
6. Review the problems of the deaf and hard of hearing as they relate to the need for amplification systems in public places;
7. Review and compile information on the development of acoustical technology for the hard of hearing and advocate the use of this technology if it deems appropriate; and
8. Make recommendations to state agencies, political subdivisions and institutions on how to meet the needs of the hard of hearing.

Arizona Revised Statutes Section 36-1946

This statute requires the Council for the Hearing Impaired to adopt rules for the purpose of identifying qualified interpreters for deaf persons to work in Arizona courts.

Arizona Revised Statutes Section 36-1947

This statute requires the Council for the Hearing Impaired to establish and administer a statewide program to purchase, repair, and distribute telecommunication devices to residents of the state of Arizona who are deaf or severely hearing or speech impaired and establish a dual party relay system making all phases of public telephone service available to persons who are deaf or severely hearing or speech impaired.

FUNDING

The Arizona Council for the Hearing Impaired is funded by two sources: (1) the state general fund, and (2) the telecommunication services excise tax. The Arizona Council for the Hearing Impaired's funding sources are described below.

Federal

None.

Non-Federal

State General Fund

The state legislature allocates a certain amount of money to the Arizona Council for the hearing Impaired from the state general fund. This money funds Council staff and activities.

Telecommunication Services Excise Tax

This is a tax on telephone services which is equal to two-tenths of one percent of the monthly phone line service charge paid by all Arizona residential and business customers. This money is used to fund the Telecommunication Device for the Deaf (TDD) and Relay Service Program administered by the Arizona Council for the Hearing Impaired.

ADVISORY COUNCILS

There is currently no Advisory Council for the Arizona Council for the Hearing Impaired.

CENTER FOR LAW IN THE PUBLIC INTEREST

297

285

CENTER FOR LAW IN THE PUBLIC INTEREST
State Protection & Advocacy Agency

MISSION

In 1977 the Center for Law in the Public Interest was designated as Arizona's state protection & advocacy agency for people with developmental disabilities. The Center provides free legal assistance in selected cases when a person's rights are being violated on the basis of his/her developmental disability, mental health, or need for long-term care. The Center for Law in the Public Interest is an autonomous unit. It is required to be independent of any agency that provides services to persons with developmental disabilities.

Goals

Developmental Disabilities Project

1. *To pursue legal, administrative and other appropriate remedies to ensure that persons with developmental disabilities receive appropriate care and treatment.*

Mental Health Project

1. *To protect and enforce federal and state constitutional and statutory rights and interests of individuals identified as mentally ill;*
2. *To further the development, availability and accessibility of services that maximize the opportunities of individuals identified as mentally ill to live as fully and independently as possible; and*
3. *To promote, support and assist individuals identified as mentally ill in effective self-advocacy--that is, in understanding and controlling to the greatest extent possible those systems that directly affect their lives.*

Long-Term Care Project

1. *To advocate for a rapidly growing population with chronic and sometimes severe health needs who require long-term care; and*
2. *To provide consumer information about long-term care availability, alternatives, and quality of care.*

STRUCTURE

The Center for Law in the Public Interest was founded in 1974 by a small group of lawyers who wanted to bring important public issues out into the open. It was designated as a state protection and advocacy agency for the developmentally disabled in 1977 and for the mentally ill in 1986. As a designated state protection and advocacy system, the Center receives allotments from the federal government to provide protection and advocacy to Arizona's developmentally disabled and mentally ill. Since the Center for Law in the Public Interest receives funding through the Developmental Disabilities Assistance and Bill of Rights Act, it is required to report to the U.S. Department of Health and Human Services on its activities.

There are three projects within the Center for Law in the Public Interest which impact on developmentally disabled children and their families. These are the Developmental Disabilities Project, the Mental Health Project, and the Long-Term Care Project. The Center has offices in Tucson and Phoenix. Although each project has its own project director, both offices have staff attorneys who work on all three project activities.

ELIGIBILITY

The Center for Law in the Public Interest is concerned with legal issues which a private law firm would be unlikely to undertake. Eligibility for the Developmental Disabilities Project requires a developmental disability and a legal problem relating to that disability. To be eligible for assistance from the Mental Health Project, a mentally ill individual must reside in a facility that renders mental health care and treatment, or the incident to be investigated must have occurred within 90 days of discharge from such facility. Individuals with chronic and/or severe health needs who require long-term health care are eligible for assistance through the Long-Term Care Project.

SERVICES

Developmental Disabilities Project

1. Litigation

The Center's Protection and Advocacy System for the developmentally disabled provides free legal assistance to individuals who are developmentally disabled and whose rights are being violated. This litigation is in a variety of areas including education, employment discrimination, health care, housing, architectural barriers, and parental rights. Although the Center for Law in the Public Interest

is committed to attempting to resolve cases before costly litigation becomes necessary, attorneys from the Center have appeared twice before the United States Supreme Court.

2. Protection & Advocacy Services in Rural Arizona

The Arizona Governor's Council on Developmental Disabilities is providing supplemental funding to the Center for Law which will enable it to provide additional services in rural areas of Arizona. These services include: (1) advocacy, (2) training, (3) individual legal representation, and (4) class action suits.

3. Information and Referral

The Center for Law provides information and counseling to individuals on how to solve problems. Referrals to service agencies are often made through the Center for Law which also will act as a mediator between a client and a service agency.

Mental Health Project

1. Legal Representation in Litigation

The Mental Health Project provides legal assistance, including litigation, to protect the rights of people who are mentally ill in Arizona. This includes investigating alleged incidents of abuse and neglect of individuals who are mentally ill.

2. Advocacy Services

Advocacy services in the Mental Health Project are provided by Center advocates who provide case investigations and negotiation. Advocates also provide referral and information on patient rights, the mental health system generally, and other matters.

3. Legislative Activities

The Mental Health Project staff also monitors and comments on legislation and regulations that affect individuals identified as mentally ill.

Long-Term Care Project

1. Representation and Litigation

The Long-Term Care Project provides litigation and representation to individuals regarding the long-term care system including: (1) unserved patients who fall between the cracks of the system, (2) patients with head injuries, AIDS, and other special needs, and (3) patients who face discrimination within the long-term care system.

2. Legislative Activities

The Long-Term Care Project has devoted time to working with the State Legislature to enact legislation in the area of long-term care. In particular, efforts have been devoted to: (1) the creation of a specialized long-term care program for the developmentally disabled which emphasizes home and community-based services over institutionalization, (2) protecting the "marital income" and resources of a person whose spouse enters a nursing home, (3) consumer education and information about services and financial eligibility standards, and (4) establishing a "safety net" in counties for those who do not meet eligibility standards for long-term care.

The Long-Term Care Project has also assisted in preparing new proposals relating to confidentiality and reporting of HIV testing information in an effort to help preserve the integrity of voluntary testing and counseling programs.

LAWS & REGULATIONS

Although the Center for Law in the Public Interest is a state protection and advocacy agency, it is regulated by federal law. This legislation controls the purpose of a state protection and advocacy system as well as funding for these systems. A brief description of the legislation follows:

Federal

Developmental Disabilities Assistance and Bill of Rights Act, P.L. 94-103

This Act authorized formula grants to states for the establishment of a system to protect the rights of persons with developmental disabilities. It gave the protection and advocacy agency access to records of residents of facilities for individuals with developmental disabilities.

Rehabilitation, Comprehensive Services and Developmental Disabilities Amendments, P.L. 95-602

These amendments increased authorization levels for state protection and advocacy systems.

Developmental Disabilities Assistance and Bill of Rights Act 1984 Amendments, P.L. 98-527

The overall purpose of the Developmental Disabilities Assistance and Bill of Rights Act was expanded by these amendments, which also increased the minimum allotments for state protection and advocacy grants.

Protection and Advocacy for Mentally Ill Individuals Act of 1986, P.L. 99-319

This Act authorized allotments to states to establish systems to protect and advocate for the rights of mentally ill individuals and investigate incidents of abuse and neglect of the mentally ill where these have either been reported or probable cause exists to believe they occurred.

Developmental Disabilities Assistance and Bill of Rights Act 1987 Amendments, P.L. 100-146

This legislation raised minimum allotments for state protection and advocacy systems and gave them the authority to investigate suspected incidents of abuse and neglect involving persons with developmental disabilities.

FUNDING

The Center for Law in the Public Interest receives funding from a variety of sources. These include federal grants, state monies, and private donations. Since the Center is a state protection and advocacy agent under federal law, it must conform to federal regulations in regard to spending the federal dollars it receives. The following is a list of the Center for Law's funding sources along with a brief description of each:

Federal

Developmental Disabilities Assistance and Bill of Rights Act and Amendments

This Act provides grant money to state protection and advocacy systems for the protection of rights of individuals with developmental disabilities in the state. The Center for Law in the Public Interest has been designated as such a protection and advocacy agent and receives grant money to support their developmental disabilities project.

Protection and Advocacy for Mentally Ill Individuals Act

Through this Act, the Center for Law in the Public Interest receives an allotment from the federal government to provide a system of protection and advocacy for mentally ill individuals in the state of Arizona.

Non-Federal

Governor's Council on Developmental Disabilities

The Governor's Council on Developmental Disabilities has provided supplemental funding through September of 1989 to the Center for Law in the Public Interest to assist in providing protection and advocacy services in rural Arizona. The Governor's Council receives both federal and state money which allows them to provide this supplemental funding.

Arizona Bar Foundation

The Center for Law received the initial funding for its long-term care project from the Bar Foundation in 1986. The Bar Foundation continues to provide grant money to this project.

Private Donations

The Center for Law in the Public Interest relies on private donations from individuals and companies to assist in all of its projects.

ADVISORY COUNCILS

The Center for Law in the Public Interest has a Board of Directors which oversees the Center's activities. In addition, as the state protection and advocacy agent for the mentally ill, the Center is required to have an advisory council for its mental health project. This council is mandated by P.L. 99 319 to make recommendations on the policies and priorities of the state protection and advocacy system for individuals who are mentally ill. The chairperson of this council must hold membership on the Center for Law's Board of Directors. The advisory council must include attorneys, mental health professionals, individuals from the public who are knowledgeable about mental illness, a provider of mental health services, individuals who have received or are receiving mental health services, and family members of such individuals.

HEAD START

305

292

HEAD START

MISSION

Head Start provides comprehensive child development services to children three and four years of age who are from low-income families. At least 10% of the slots in each Head Start program must be made available for children with special needs. To help enrolled children achieve their full potential, Head Start programs provide comprehensive health, nutritional, educational, social and other services. Direct participation of parents of enrolled children is required to enable each child to develop and function at his or her highest potential.

Goal

To foster the development of children and enable them to deal more effectively with both their present environment and later responsibilities in school and community life.

STRUCTURE

Head Start is a national program authorized under the Head Start Act. The Head Start Bureau is organized within the Administration for Children, Youth, and Families (ACYF), Office of Human Development, the U.S. Department of Department of Health and Human Services. The Secretary of Health and Human Services is authorized to designate as a Head Start agency any local public or private, nonprofit, agency with the power and authority to carry out the purposes of the Head Start program. Project grants are made to local governments or private, non-profit agencies which may sub-contract with other child service agencies to provide Head Start services. No contract, agreement, grant, or other assistance shall be made for the purpose of carrying out a Head Start program within a state unless a plan has been submitted to the governor of the state and has not been disapproved within 30 days after submission. Rules and regulations prescribed by the Secretary of the U.S. Department of Health and Human Services are binding on all agencies carrying on Head Start program activities.

ELIGIBILITY

To participate in Head Start programs, a child must meet certain eligibility criteria. The child must be between 3 years of age and the age of compulsory school attendance according to the laws of the state of attendance and 90 percent of all children in local programs must be from low-income families. The term "low-income" refers to those families whose income is below the federal poverty line

and families receiving or eligible to receive public assistance based on state guidelines.

Children with handicapping conditions must also meet the age requirements before becoming eligible for the Head Start program. However, the total program enrollment, including children with a handicapping condition, must not violate the overall 90% income requirements. The definition of a handicapped child for purposes of the Head Start program is the same as the definition in the Education of All Handicapped Children's Act.

However, a local Head Start program can establish its own criteria for eligibility where it is operated in a community with a population of 1,000 or less and the following is applicable:

1. There is no other preschool program in the community;
2. The community is located in a medically underserved area;
3. The community is in a location which, because of remoteness, does not permit reasonable access to the types of services described in numbers 1 and 2 above; and
4. Not less than 50 percent of the families to be served in the community are eligible under the criteria set forth in the Head Start Act.

This can be done as long as no child whose family is eligible under the Head Start Act (between 3 years and the age for compulsory school attendance) is denied eligibility under the local eligibility criteria.

SERVICES

Although all children in the Head Start program receive comprehensive health, nutritional, educational, social, and other services, the focus of this section is on services to children with handicapping conditions. The Head Start Act requires that no less than 10 percent of the total number of enrollment opportunities in Head Start programs in each state shall be available for handicapped children and that services shall be provided to meet their special needs. In an effort to respond to this legislative mandate, Head Start has developed the following policies relating to children with handicapping conditions:

1. **Outreach and Recruitment**
In order to identify and enroll children with handicapping conditions who meet eligibility requirements and whose parents want the child to participate in Head Start, all Head Start programs are required to develop and implement outreach and recruitment activities. This is accomplished through cooperation with other community groups and agencies who serve children with handicapping conditions and their families.

2. Needs Assessment, Screening and Diagnosis

In an effort to meet the needs of each child in the program, Head Start provides needs assessment, screening, and diagnostic procedures which address all handicaps specified in the Head Start legislation in order to provide an adequate basis for special education, treatment, and related services. The initial identification of a child as handicapped must be confirmed by professionals trained and qualified to assess handicapping conditions. In addition, assessment is carried out as an ongoing process which takes into account the continuing growth and development of the child.

3. Diagnostic Criteria

To be counted as handicapped for purposes of the Head Start program, children must have one of the following handicapping conditions and, by reason thereof, require special education and related services:

- a. Blindness
- b. Visual Impairment
- c. Deafness
- d. Hearing Impairment
- e. Physical Handicap (orthopedic handicap)
- f. Speech Impairment (communication disorder)
- g. Health Impairment
- h. Mental Retardation
- i. Serious Emotional Disturbance
- j. Specific Learning Disabilities

4. Severely and Substantially Handicapped Children

Head Start policy distinguishes between children who have minimal handicapping conditions and do not require special services (i.e. children whose vision with eyeglasses is normal or nearly so) and children who are handicapped as defined in the legislation and who, by reason of their handicap, require special education and related services. Only those children who require additional education or support services will receive special services to help them overcome the effects of the handicap and can be counted in the overall 10% mandate for children with handicapping conditions.

5. Services to Handicapped Children

All children with handicapping conditions enrolled in Head Start must receive the full range of comprehensive services available to non-handicapped Head Start children, including the provision for participation in regular classroom activities. The child's individual needs and/or developmental level and family circumstances should be

considered in the provision of these services. The unique needs of each child with a handicapping condition are met through special education and support services.

6. Mainstreaming

The Head Start legislation requires that a specific portion of enrollment opportunities be available to handicapped children in a mainstream setting. Mainstreaming helps foster a positive self-image and assists the child with a handicapping condition in enhancing his or her potential.

7. Program Models

There are three program models for each Head Start program to choose from in developing a plan to meet the needs of each individual child. These options include: (1) the standard five day center-based model, (2) home-based services (with a weekly visit and a monthly group activity for parents and children), and (3) locally designed options (such as combinations of home and center-based services). The needs of individual children are taken into account when services are planned at the Individual Education Plan meeting.

Special Programs

1. Parent and Child Centers Program (PCC's)

Parent and Child Centers are comprehensive child development and family support programs which were established and continue to be supported by the National Head Start program to serve children 0-3 years of age and their families. The Parent and Child Center program is a multi-purpose program for low-income families, including pregnant women and their children, designed to: (1) develop program approaches, processes, and techniques aimed at preventing the development of health, intellectual, social and emotional deficits in the child 0-3 years of age, while maximizing the child's inherent talents, (2) strengthen and improve parents' various skills, confidence and awareness of their role as an adult, and as the principle influence in their child's life, and (3) reinforce the institution of the family.

All Parent and Child Center programs include the following essential elements:

1. Activities for the infant and toddler designed to stimulate his or her physical, cognitive and emotional development to the maximum potential;
2. Opportunities for parents designed to strengthen their understanding of child development, competence as family managers, self-confidence and self-image as parents/adults, and skills essential to making a living;

3. Comprehensive health care for the pregnant woman, infant/toddler, the family as a whole, and education in family health matters for the parents;
4. Early and intensive attention to nutrition needs and counseling, as well as prevention of nutrition-related deficits during pregnancy;
5. Social Services for the entire family;
6. Assistance to parents in overcoming economic, family, and personal problems in order that they may be freer to function as parents.

Although there are 36 Parent and Child Centers located in 28 states, there are none in existence in Arizona at this time.

2. Resource Access Projects (RAP)

These are projects funded by the Administration on Children, Youth, and Families to provide training and technical assistance to Head Start grantees to enable them to serve handicapped children and their families. The training includes the use of eight program manuals designed to assist teachers, parents, and others such as diagnosticians and therapists in mainstreaming children with handicapping conditions.

RAPs perform the following activities:

1. Identifying local, regional, and national resources;
2. Determining local Head Start needs and matching these needs with available resources;
3. Coordinating the delivery of services to Head Start programs;
4. Providing training and technical assistance;
5. Promoting and facilitating collaborative efforts between Head Start and other agencies; and
6. Providing resource materials to Head Start grantees.

3. Special Services Provided to Parents of Children with Handicapping Conditions

In addition to services offered to all parents, Head Start offers special services to all parents of children with handicapping conditions. These are special services designed to help them understand their children's special problems and the effects of the handicap on development and learning. Services consist of the following:

1. Referrals to other agencies;
2. Counseling;
3. Conferences with technical staff and other meetings;
4. Literature or special teaching equipment;
5. Visits to homes;
6. Transportation;
7. Parent meetings;
8. Assistance in securing medical services;
9. Workshops on school services; and
10. Special classes and other services.

INTERAGENCY COORDINATION

Head Start programs are required to work with other programs and agencies serving children with handicapping conditions in an effort to mobilize and maximize the available resources and services. Interagency coordination has been accomplished in the areas of: (1) outreach, (2) recruitment, (3) identification, (4) screening, assessment, and diagnosis, (5) the provision of treatment and support services, and (6) training and technical assistance. A brief description of interagency coordination in the state of Arizona follows.

1. Arizona Health Care Cost Containment System (AHCCCS)
Region IX Head Start health coordinators, the Office of Maternal and Child Health, and AHCCCS participated in a cooperative effort to enhance health services support for Head Start programs in 1987. This involved a two-day inservice session attended by MCH personnel, Head Start staff, and AHCCCS Early and Periodic Screening, Diagnosis and Treatment (EPSDT) coordinators to look at organizational procedures, discuss common needs, and to look for strategies to improve health care delivery to Head Start children.
2. Indian Health Services (IHS)
Indian Health Services provides medical and dental services to children enrolled in Head Start programs on the reservation.
3. Children's Rehabilitative Services (CRS)
Head Start programs in Arizona receive referrals from and make referrals to Children's Rehabilitative Services.
4. Arizona Department of Education (ADE)
Head Start program personnel work with local education agencies to ensure that children who have been professionally diagnosed as handicapped and who are receiving Head Start services are included in the State "Child Count". In addition, Head Start programs

coordinate their searches for unserved handicapped children with the Statewide "Child Find" efforts required under P.L. 94-142.

Head Start also works with local education agencies facilitating the transition of Head Start children into the public school system.

In addition the Department of Education is the Arizona State Education Agency and administers the entitlement and discretionary funds for the Education for All Handicapped Children's Act-Part B. Head Start receives some of this funding.

LAWS & REGULATIONS

Head Start is a federal program and is authorized and regulated solely by federal legislation. These federal laws control eligibility criteria, funding, and services offered within the Head Start program. A brief description of this legislation follows.

Federal

Economic Opportunity Act of 1964 P.L.

The Head Start program was originally authorized under this Act to provide comprehensive health, education, nutrition, social, and other services to economically disadvantaged preschool children and their families.

Economic Opportunity Amendments of 1972, P.L. 92-424

These amendments required that not less than ten percent of the total number of children enrolled in Head Start programs *nationwide* be children with handicapping conditions.

Community Services Act of 1974, P.L. 93-644

This Act reauthorized the Head Start program and required that each state assure that not less than ten percent of the total number of enrollment opportunities in Head Start programs *statewide* be available for children who have handicapping conditions.

Education of All Handicapped Children's Act of 1975, P.L. 94-142, P.L. 99-457

Head Start services to children with handicapping conditions are delivered in the context and influence of the requirements in this act.

Head Start Act of 1981, a component of the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35

The Head Start Act extended the program and mandated, once again, that states establish and maintain procedures to ensure that at least ten percent of Head Start enrollees are handicapped pursuant to the definition contained in the Education for All Handicapped Children's Act (P.L. 94-142) and that services shall be provided to meet their needs. As a part of this Act, funding for Head Start programs was reduced and the program was made part of the U.S. Department of Health and Human Services.

Code of Federal Regulations, Chapter 45, Part 1304

These regulations set out the requirements each Head Start program must meet in regard to program performance standards for all Head Start children (handicapped and nonhandicapped). These include programmatic areas in education, parent involvement, social services, and health services (including medical, dental, nutrition, and mental health).

These regulations also permit up to ten percent of the children in local programs to be from families that are not low-income.

Proposed Regulations--Code of Federal Regulations, Chapter 45, Part 1308, 1989

These proposed regulations set out specific standards, including diagnostic criteria for determining handicapping conditions of children, and offer general guidance for the provision of services to children with handicapping conditions and services to meet the special needs of their parents. If these regulations are made final, Head Start programs will be required to do the following:

1. Design comprehensive services which meet program standards for locating and serving handicapped children and their parents;
2. Develop an individual education program (IEP) to provide appropriate special services for each child who is certified as having a handicap;
3. Screen children within 45 days of admission to Head Start program, rather than within 90 days as currently recommended, in order that services may be provided in a timely manner;
4. Use revised diagnostic criteria to determine eligibility for and to assist in obtaining special education and related services; and
5. Designate a coordinator of services for handicapped children, with specific responsibilities.

State

None.

FUNDING

Although Head Start is a federal program, some Head Start programs in Arizona receive some state funding as well as federal funding under the Head Start Act. A brief description of Head Start funding in Arizona follows.

Federal

Head Start Act of 1981

The Head Start Act is part of the Omnibus Budget Reconciliation Act of 1981. Local private and non-profit agencies receive funding under this act for Head Start Programs across the country.

Non-Federal

Education for all Handicapped Children's Act-Part B State Grant Program

These are entitlement funds administered by the Arizona State Educational Agency under Part B of the Education for all Handicapped Children's Act. Several Head Start programs in Arizona receive some of this entitlement money for their programs.

Education for all Handicapped Children's Act-Part H State Grant Program

Head Start grantees also are receiving funding under Part H of the Education for all Handicapped Children's Act for services to infants and toddlers.

ADVISORY COUNCILS

Local Policy Councils

Local Head Start Policy Councils are local governing boards. They must be composed of parents of enrolled children and may include past parents and representatives from the community. The members are responsible for programmatic decisions such as approval of grant proposals, budgets, and hiring and firing.

National Interagency Steering Committee on Transition of Preschoolers into Public Schools

This committee was established by the Administration on Children, Youth and Families to place an emphasis on the successful transition of all children from Head Start into public school or other placements. The committee developed material to help staff and parents during a time of change which can be very stressful.

SUMMARY AND RECOMMENDATIONS

The policy study conducted for this report consisted of a review of selected state agency missions, eligibility requirements, services, interagency coordination activities, legislation, funding and advisory councils, as it relates to P.L. 99-457, Part H.

In addition, an analysis of Arizona's early intervention system in light of the requirements of P.L. 99-457, Part H, was conducted. This section will provide a summary of the implications of the policy analysis for implementing early intervention services as defined by P.L. 99-457, Part H.

The summary information is organized around the definitions provided by P.L. 99-457, Part H, Section 672, for identifying the target population and describing the early intervention services that must be provided.

First, the text of Section 672 from P.L. 99-457 is provided as a guideline for the analysis. The term "early intervention services" will be used to mean the services listed in the law.

Secondly, the state agencies in Arizona identified as currently providing some type of early intervention service are listed.

Thirdly, each of the major early intervention services that the law defines are discussed in light of the agencies in the state that have been identified as providing the service.

Fourthly, recommendations are provided that have been identified to remove statutory, regulatory, or policy barriers to the full implementation of P.L. 99-457, Part H, in the State of Arizona.

P.L. 99-457, PART H, SECTION 672

P.L. 99-457, Part H, Section 672, provides general definitions to serve as guidelines in developing a comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families. The text of P.L. 99-457, Part H, section 672 follows.

"(1) The term 'handicapped infants and toddlers' means individuals from birth to age 2, inclusive, who need early intervention services because they--

"(A) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development, physical development, language and speech development, psychosocial development, or self-help skills, or

"(B) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay.

Such term may also include, at a State's discretion, individuals from birth to age 2, inclusive, who are at risk of having substantial developmental delays if early intervention services are not provided.

"(2) 'Early intervention services' are developmental services which--

"(A) are provided under public supervision,

"(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees,

"(C) are designed to meet a handicapped infant's or toddler's developmental needs in any one or more of the following areas:

"(i) physical development,

"(ii) cognitive development,

"(iii) language and speech development,

"(iv) psycho-social development, or

"(v) self-help skills,

"(D) meet the standards of the State, including the requirements of this part,

"(E) include--

"(i) family training, counseling, and home visits,

"(ii) special instruction,

"(iii) speech pathology and audiology,

"(iv) occupational therapy,

"(v) physical therapy,

"(vi) psychological services,

"(vii) case management services,

"(viii) medical services only for diagnostic or evaluation purposes,

"(ix) early identification, screening, and assessment services, and

"(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services,

"(F) are provided by qualified personnel, including--

"(i) special educators,

"(ii) speech and language pathologists and audiologists,

"(iii) occupational therapists,

"(iv) physical therapists,

"(v) psychologists,

"(vi) social workers,

"(vii) nurses, and

"(viii) nutritionists, and

"(G) are provided in conformity with an individualized family service plan adopted in accordance with section 677.

"(3) The term 'developmental delay' has the meaning given such term by a State under section 676.

"(4) The term 'Council' means the State Interagency Coordinating Council established under section 682.

(100 Stat. 1146)

No single agency in the state of Arizona currently provides all of the mandated services to every eligible child, nor is it the intent of P.L. 99-457 that any single agency, including the lead agency, would have sole responsibility and work in isolation of the other State agencies in delivering early intervention services to the target children. Therefore, it is important to identify which agencies are currently statutorily required to offer some type and level of early intervention service so that the network of available services in Arizona can begin to be articulated and coordinated.

STATE AGENCIES PROVIDING EARLY INTERVENTION SERVICES

For purposes of discussion and this summary, the agencies in Arizona that were selected for review are divided into two distinct groups. Group A agencies are those agencies that offer at least one early intervention service to the eligible Part H target group of children as defined by the state. There were 7 Group A agencies identified.

Group A agencies and the specific program of interest in this analysis are listed below with the agency acronym indicated in parentheses:

1. Arizona Health Care Cost Containment System (AHCCCS), including Long-Term Care (ALTCs)
2. Administration For Children, Youth, and Families (ACYF), Foster Care Program
3. Office of Maternal and Child Health (MCH), Newborn Intensive Care Program (NICP)
4. Office of Children's Rehabilitative Services (CRS)
5. Division of Developmental Disabilities (DDD)
6. Arizona School for the Deaf and Blind (ASDB)
7. Special Education Section (SES), Child Evaluation Centers (CEC)

Group B agencies are state agencies that provide critical financial and other programmatic support to families, especially low income families in Arizona. Family-centered early intervention service providers must be knowledgeable about these programs in order to maximally assist families in meeting their child's needs. However, because of the critical role Group A agencies serve in the provision of the core early intervention services, this summary will focus on policy and programmatic issues related to Group A agencies.

EARLY INTERVENTION SERVICES

For the purpose of this discussion, "target children" will refer to those children determined eligible for early intervention services as defined by the state P.L. 99-457, Part H, definition. As indicated in the law, children to be served represent three distinct groups: (1) children experiencing developmental delays, (2) children with a diagnosed physical or mental condition which has a high probability of resulting in developmental delay (often referred to as "established risk"), and (3) children at risk of having substantial developmental delays if early intervention services are not provided.

The following matrix (Table 1) summarizes the early intervention services offered by each of the Group A agencies. The Arizona Long-Term Care program has been designated separately from the state DDD services and the general AHCCCS program, since the services available under each of these programs vary slightly.

The following observations can be made by an indepth review of the agencies' policies.

Early Identification, Screening and Assessment

Each of the 7 Group A agencies provides some type of early identification, screening and assessment. This is a critical step in the delivery of early intervention services, since children must be identified as in need of services before the system can respond to meet their needs. The nature and scope of this activity within each of the agencies as it relates to and effects early intervention services to the target children is dependent upon each agencies' current eligibility requirements.

For purposes of this discussion 3 activities will be discussed that are required in order for the target children to be identified and served under P.L. 99-457, Part H: (1) screening, (2) eligibility determination as a target child, and (3) family and child assessments for identification of service needs.

In order to determine the role the respective Group A agencies can play in assisting with the determination of children as eligible for early intervention services, it is important to review the eligibility requirements under which each respective agency is currently operating. Table 2 is a summary of these requirements by agency.

The information in Table 2 for each agency is categorized into 5 broad categories as it relates to eligibility: (1) medical, (2) other developmental, (3) income, and (4) financial responsibility. More complete descriptions of each agency's eligibility requirements may be found in the main body of the report within the respective agency's narrative descriptions.

TABLE 1
SUMMARY OF EARLY INTERVENTION SERVICES BY AGENCY ^a

	Low-Income Children		Foster Care	Other Children				
	Arizona Health Care Cost Containment System (AHCCCS)	AHCCCS Long Term Care (ALICS)	Administration for Children, Youth and Families (ACYF)*	Maternal and Child Health (MCH)*	Children's Rehabilitative Services (CRS)*	Division of Developmental Disabilities (DDD)	Arizona State School for the Deaf and Blind (ASDB)	Special Education Section (SES)
Early identification, screening, and assessment	*	*	*	*	*	*	*	*
Medical diagnostic/evaluation services	*	*	*	*	*			*
Case management services		*	*	*	*	*	*	*
Speech pathology**	*	*	*		*	*	*	
Audiology	*	*	*		*		*	*
Occupational therapy		*	*		*	*		
Physical therapy	*	*	*		*	*		
Psychological services			*					*
Special instruction		*		*		*	*	
Home visits		*		*		*	*	
Family training				*	*	*	*	*
Counseling			*			*		*
Health services		*	*	*	*			

(a) For a more accurate, detailed description of the services provided by each agency, refer to the main body of this report.

*Payor of last resort

**For therapy purposes

TABLE 2

SUMMARY OF ELIGIBILITY REQUIREMENTS BY AGENCY

	MEDICAL		OTHER DEVELOPMENTAL		INCOME		FINANCIAL RESPONSIBILITY	
AHCCCS					*	specific eligibility criteria is based on dollar amount of income		
ALTCS	*	must be determined to need institutionalization without the provision of ALTCS services			*	specific eligibility criteria is based on dollar amount of income		
ALTCS DDD	*	determination of developmental delay and need for institutionalization without services			*	specific eligibility criteria is based on dollar amount of income		
ACYF * (Foster Care)								
MCH (NICP)	*	a newborn must be "critically ill" to be eligible for services					*	no income requirements; MCH acts as payor of last resort
CRS	*	must be a handicapping condition or chronic illness that has a potential for cure or significant improvement					*	CPS has a sliding scale for payment of services, if above scale can still get services at full cost
DDD			*	must be determined developmentally delayed by DDD				
ASDB			*	must be sensory impaired				
SES (CECs)			*	screening for any child referred; comprehensive evaluations are performed on child likely to have a handicapping condition				

*Foster care program services are available to children placed into foster care; a child placed in foster care, who is developmentally delayed is referred to DDD Foster Care.

The fourth column in Table 2 indicates that program services may be requested by a resident of the state and secured if the applicant is determined programmatically eligible, but that the recipient of the services may have a financial responsibility to pay for the service. The three agencies identified as the payors of last resort for the services they provide are the MCH Newborn Intensive Care Program, Children's Rehabilitative Services, and ACYF's Foster Care Program.

The Foster Care Program in ACYF represents a unique eligibility requirement. To be eligible to receive the early intervention services identified by this report as offered through the Foster Care Program children must have been placed into foster care through the agency.

Screening. Table 3 summarizes the existing screening capabilities of the Group A agencies. Each of 6 Group A agencies conduct screening activities. Children are typically screened to determine the likelihood that they will meet the agencies' definition of eligibility for services. The outcome of the screening often dictates whether or not more comprehensive assessments will be conducted in order to provide a diagnosis of the problems as well as identify the need for services. The nature of the assessments conducted by each agency is dictated by the mission and scope of the agency conducting the assessments.

Eligibility determination. Each of the 7 Group A agencies has some capacity for assisting in the determination of eligibility of children in need of early intervention services. Table 3 indicates three general categorical conditions under which a child may be diagnosed and determined eligible for early intervention services. These 3 categories are labeled: (1) medical, (2) rehabilitative, and (3) educational/psychological conditions.

Medical conditions are those conditions in the state definition that imply a diagnosis by trained medical personnel (such as children with an established or biological risk). Rehabilitative conditions are those conditions resulting in delays or problems in physical/motor and language/communicative areas of development. Educational/psychological conditions are conditions requiring a determination of the degree of delay in development or the existence of social/emotional problems.

Table 3 indicates the categorical condition under which an agency has the current capacity to determine children as eligible for early intervention services (based upon agency eligibility requirements and program staff). Children screened by each agency for agency eligibility could also be determined eligible as target children for early intervention services within the categories indicated in Table 2. Children screened by each respective agency and suspected of having a condition that represents eligibility for early intervention services, but requires qualified personnel not available at the agency, could be referred to an appropriate agency for eligibility determination.

TABLE 3

**SUMMARY OF SCREENING, ELIGIBILITY
DETERMINATION, AND ASSESSMENT SERVICES**

	SCREENING	DIAGNOSIS AND ELIGIBILITY			ASSESSMENT ^a			
Group A Agencies		Medical	Rehabilitative	Educational/ Psychological	Medical	Rehabilitative	Educational/ Psychological	Family
AHCCCS	*	*	*		*	*		* ^b
ACYF/Foster Care	*	*	*	*	*	*	*	*
MCH/NICP	*	*			*			*
CRS	*	*	*		*	*		*
DDD			*	*				*
ASDB	*	*	*		*	*	*	*
SES/CECs	*	*	*	*	*	*	*	*

(a) Assessment is defined here for the purpose of determining early intervention service needs.

(b) ALTCS only

Six (6) agencies currently have the potential capability of conducting medical screening and assessment activities that would result in a determination of eligibility as a target child under the established risk and biological risk eligibility conditions.

Six (6) agencies currently have the potential capability of conducting screening and/or assessment activities that would result in an eligibility determination for early intervention services if the child's condition represented a rehabilitative problem (such as in the motor and language areas).

Three (3) agencies currently have the potential capability of conducting screening and/or assessment activities that would result in identifying a child with a delay in development that would require an educational or psychological assessment.

Assessments. Table 3 also indicates the capacity of each agency to conduct assessments that would result in information that can be used to determine the early intervention service needs of the child and family. This section differs from the previous section in that the category of family assessments has been added, and agencies were identified as capable of conducting family assessments if they provide case management services or had program personnel employed in programmatic positions that were conducive to completing an assessment of the family needs (such as home visitors). Seven (7) agencies are identified as having the potential for assisting in the conduct of family assessments.

Summary. As Table 3 indicates, the Child Evaluation Centers (CECs), funded by the Special Education Section, are the only agencies currently funded to provide screening, eligibility determination, and assessment to children falling within each of the broad categories identified in Table 3. The Foster Care Program in ACYF also has the capability of providing medical, rehabilitative, educational/psychological, and family screening and assessment services, but these services are limited to children placed into foster care and include a financial responsibility requirement. Policy implications related to the CECs that recognize their potential key role in the early identification process will be discussed in a subsequent section.

The analysis of each agency's eligibility requirements has resulted in the identification of a key policy recommendation to be considered by the ICC.

Given the potential capability of 7 state agencies for participating and assisting in the screening and eligibility determination of target children for early intervention services, the following is recommended.

RECOMMENDATION #1

- * The ICC should support the identification or development of a standard screening instrument that could be used by each of the 7 Group A agencies through an interagency agreement for screening and identifying children as *potentially* eligible for early intervention services as defined by the state of Arizona.
 - * Intensive training of key personnel in the use of the screening instrument across agencies should be conducted.
 - * The validity of the screening instrument for identifying target children for early intervention services should be tested.
 - * Participation by the private medical community in this process should be sought and obtained.
-

The ultimate outcome of the interagency cooperation in screening children referred to their agencies for potential participation in the state's early intervention program is to improve children's access to early intervention services.

The screening instrument would need to be sensitive to discipline and agency specific terminology, hence, multidisciplinary, and be able to be translated into standard outcome information so that professionals can respond to some decision rules regarding the interpretation of the screening information and identify the appropriate action in response to the information.

The following section is an analysis of each specific agency and issues or barriers that need to be considered in order to address their full participation in the early identification, screening, and assessment services of the state's early intervention services. This analysis will begin with the Child Evaluation Centers because of their potential for networking and assisting the other agencies in this process.

Special Education Section. The Special Education Section of the Arizona Department of Education currently supports three regional child evaluation centers. The Child Evaluation Centers (CECs) conduct screening and multidisciplinary assessments of children suspected of having a handicapping condition as defined by ARS 15-766 (see page 224 for a more complete description). All children referred for services, regardless of the nature of their problems, may receive a developmental screening to determine their eligibility for a comprehensive, multidisciplinary assessment. However, a child who is suspected to be "at risk" for having substantial developmental delays if early intervention services are not provided, would not

necessarily be given a comprehensive, multidisciplinary assessment if there were not a high likelihood that the child's condition would be determined to be eligible under P.L. 94-142, which delineates the definitions of eligibility for special education.

Multidisciplinary assessments are provided in the area of psychological testing, speech and hearing, motor/physical development, vision, educational, and medical problems.

The Child Evaluation Centers are poised to provide a major resource in the assessment of children as eligible under P.L. 99-457, Part H. Although many of the other State agencies mentioned conduct screening activities, only CRS does multidisciplinary assessments. However, CRS does not consistently provide a psychological and educational component, since it is primarily concerned with the medical and rehabilitative needs of the child. MCH, ACYF, CRS, ASDB, as well as private physicians (including those contracting with AHCCCS), could all network with the CECs and refer children they have screened as potentially eligible for the State's early intervention program to the CECs for eligibility determination.

A referral to the CECs, for eligibility determination would not be necessary, of course, for children receiving medical and other evaluations from the above agencies when the agency is able to determine clear eligibility for early intervention services. The CECs can be most optimally utilized for evaluating children with delays in development which require developmental, educational or psychological testing, and children with mild handicapping conditions, as in the areas of speech and language or sensory-motor problems, where eligibility for services under the above agencies is unlikely.

There is, however, a major policy barrier to effectively utilizing the CECs in the identification, screening and assessment phase of early intervention services. The CECs are currently required to evaluate only children who are suspected of having or known to have a handicapping condition. "Handicapping condition" is defined by Arizona Revised Statutes 15-761, and does not currently include children with developmental delays or children who are at risk of having substantial developmental delays if early intervention services are not provided.

RECOMMENDATION #2

* It is recommended that the ICC request that the Director of the Special Education Section initiate a statutory change in the Arizona Revised Statutes Section 15-761, that would recognize the State ICC definition of eligibility under P.L. 99-457, Part H. The change should state the CEC's responsibility in evaluating children between the ages of birth and three years of age according to the approved State ICC definition. This would allow children potentially eligible for early intervention services, but not meeting the current P.L. 94-142 definitions, to be assessed by the CECs.

* The DDD should enter into an interagency agreement with the Arizona Department of Education, Special Education Section, to conduct multidisciplinary evaluations of children, who have been identified by other agencies through an approved screening process, to determine eligibility for early intervention services. Children identified by agency personnel completing an approved screening procedure and determining the need for a more comprehensive assessment would be automatically eligible for CEC services.

Department of Economic Security. In the Department of Economic Security, 2 agencies conduct identification activities: (1) Division of Developmental Disabilities (DDD), and (2) Administration for Children, Youth, and Families (ACYF). Both of these agencies are responsible for identifying children for the existence of significant developmental delays, and/or the likelihood that without services the child will become developmentally disabled (see page 12 of this report for a full description of the DDD eligibility criteria).

The intake worker for the Division of Developmental Disabilities reviews information about a child from referring early childhood specialists and/or physicians who have conducted assessments of the child's current developmental status to determine the child's eligibility for services. DDD relies on these referring agents to conduct screening and assessment activities so that children may be determined eligible for services.

The Foster Care Program in the Administration for Children, Youth and Families is required [under R5-57-05(D)] to identify children who appear to meet the Division of Developmental Disabilities criteria for services and refer them to the Division of Developmental Disabilities for eligibility determination. Early intervention services for children with developmental disabilities in foster care then become the responsibility of DDD.

DDD and ACYF, therefore, are required to identify children as developmentally delayed or at risk of becoming developmentally disabled. In addition, ACYF serves children who may have an established risk or biological risk condition as defined by the state ICC. Any child, regardless of developmental or medical problems, may be placed into foster care through the ACYF Foster Care Program.

Two potential barriers to implementation of a comprehensive early intervention system for Arizona were identified as they relate to DDD and ACYF identification efforts.

First, there exists no clear criteria that is used consistently across the State by intake workers for interpreting the eligibility definition of "significant delay". This may result in a high degree of variance in determining eligibility for early intervention services across intake workers within DDD Districts, as well as across DDD Districts in the state.

Secondly, the DDD definition indicates that a child must be at risk for becoming *developmentally disabled*. The current State definition for developmentally disabled is limited to the four categorical groups: (1) mental retardation, (2) cerebral palsy, (3) epilepsy, or (4) autism. Federal law provides for a broader definition which is described as mental or physical impairment resulting in substantial functional limitations. The current State definition for *developmentally disabled* restricts the type of child who is eligible to receive services from the Division of Developmental Disabilities, which is inconsistent with the proposed ICC definition.

RECOMMENDATION #3

- * DDD should develop a policy or regulations regarding the interpretation of a "significant delay" that is consistent with the ICC definition for eligibility under P.L. 99-457, Part H.

- * Intake workers should be consistently trained across the State to interpret the eligibility requirements.

RECOMMENDATION #4

* It is recommended that Arizona Revised Statutes Section 36-551 and Arizona Administrative Code R6-6-301 and R6-6-302 be amended. The amendment should provide for children between 0-36 months of age to be determined eligible for DDD services if they are at risk for becoming developmentally disabled, *as provided by the federal definition, which defines a developmental disability as a severe, chronic disability of a person which is attributable to a mental or physical impairment or combination of mental or physical impairment.* The rest of the definition would remain the same.

It is important to note that even with the approval of the definition for developmentally disabled as defined by Federal law to be applied to children from 0-36 months of age, DDD would not be statutorily required to serve all children at risk for developmental delays, as currently defined in the proposed ICC definition. Only those conditions that have a "likelihood" of resulting in a *severe, chronic disability* would be eligible for services.

RECOMMENDATION #5

* Since ACYF through their Foster Care Program is required to identify children who may be eligible for developmental disabilities services, the agency constitutes a source for referrals to the State's early intervention program. The ICC should determine the effectiveness of the agency's current referral process with infants and toddlers, and if necessary, case service managers should receive inservice training about the State's early intervention services and the need to insure that the screening for eligible target children is occurring and that appropriate referrals are being made or services are being provided.

Department of Health. The primary mission of the 2 Group A agencies in the Department of Health is to improve the health status of children in Arizona. The eligibility requirements for children served by both the Office of Maternal and Child Health (MCH) and the Office of Children's Rehabilitative Services (CRS) include a "critically ill" or "chronically ill" component. Both MCH and CRS require a financial responsibility and are the payor's of last resort.

Children are identified for the MCH Newborn Intensive Care Program (NICP) by the program neonatologist, in consultation with local physicians. The infant must be determined to be critically ill at the time of birth (see page 151 of this report for a more complete description). If the child is determined eligible for NICP services and becomes enrolled in the NICP services, medical and

developmental assessments will be made at the hospital and through the follow-up program. All other infants referred for services to the NICP but not found eligible or declining services are not provided ongoing developmental assessments.

Determination of medical eligibility for CRS is based on whether or not the handicapping condition or chronic illness has a potential for cure or significant improvement through medical care, surgery, or therapy (see page 131 of this report for a more complete description). The application for services includes a description of the handicapping condition or chronically ill condition and a CRS team of professionals determines whether or not the child is eligible for services.

If the child is determined eligible for services, diagnostic services are provided for the purpose of determining the CRS qualifying medical condition. Rehabilitative services for the purpose of evaluation may include speech, audiological, occupational and physical services.

The Newborn Intensive Care Program and the Children's Rehabilitation Services receive many referrals for eligibility determination for their services. Infants and toddlers may first surface as in need of early intervention services because of medical problems which bring them to the attention of the medical community. Because of the medical "illness" component required by both systems, many children who will be eligible for early intervention services under the State's P.L. 99-457, Part H, definition could initially be identified through these systems.

Program staff from the Newborn Intensive Care Program and Children's Rehabilitation Services are in an excellent position to not only identify children eligible for their respective services, but also to screen children referred to them as eligible under the State Part H early intervention service definition. Although each of these agencies has well-defined statutory requirements for their role in the state, each of these agencies has a subgroup of children they serve who not only meet their specific agency eligibility requirements, but are also eligible for early intervention services as defined by the state's P.L. 99-457, Part H definition. Children determined to be ineligible for NICP or CRS services but in need of early intervention could be screened, determined eligible for early intervention services, and referred to an appropriate agency for assessments and services. Formalizing the screening of infants and toddlers referred for services to these two agencies would greatly enhance the state's identification efforts.

Recognizing that most young children will have an initial contact with the medical community at birth, private physicians should be viewed as invaluable to the identification of and screening for eligibility under P.L. 99-457, Part H. Extensive efforts should be made to educate and inform the private medical community in Arizona of the objectives of the Interagency Coordinating Council as it relates to early intervention services, define their role in the delivery of early intervention services and secure their participation in the State effort.

RECOMMENDATION #6

* The MCH Newborn Intensive Care Program and Children's Rehabilitation Services should be viewed as primary state agency sources for identification and screening of young children, since many children's first encounters with the human resource system is with the medical community.

* It is recommended that an interagency agreement be developed that articulates the role of MCH and CRS in screening, eligibility determination, and assessment of children for early intervention services.

Arizona School for the Deaf and Blind. Eligibility for the Arizona School for the Deaf and Blind (ASDB) programs requires the existence of a hearing or visual impairment, or that the child be at risk for such an impairment. ASDB conducts audiological and functional vision assessments through the Parent Outreach Programs upon parental request.

RECOMMENDATION #7

* It is recommended that an interagency agreement be developed with ASDB that articulates their role in the screening, eligibility determination, and assessment of children for early intervention services.

Arizona Health Care Cost Containment System. The Arizona Health Care Cost Containment System (AHCCCS) differs from the above agencies' eligibility requirements, which are conceptually organized into medical, developmental, or educational conditions. AHCCCS is a health care program for children which utilizes the child's age, family income and family resources to determine eligibility. It is a program for low-income families and children.

If a child meets the age, income, and resource requirements for AHCCCS, they are eligible to receive periodic medical assessments and developmental screening for potential problems under a program called the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. Physicians serving AHCCCS eligible children are in an excellent position to screen and identify children as potential target children. The EPSDT program for children enrolled in AHCCCS includes screening and diagnostic services in speech, hearing, and vision.

Children who are eligible for AHCCCS and enrolled in the program are required to be screened for developmental delays under the Arizona Long-Term Care program. Therefore, AHCCCS program personnel are required to screen children potentially eligible as developmentally disabled children and refer them to DDD for services. Children determined eligible for ALTCS receive the same EPSDT services under their AHCCCS medical plan.

RECOMMENDATION #8

- * Because of the importance of the ALTCS program for identifying and serving children with developmental and physical disabilities who are from low-income families, a study should be conducted to assess the effectiveness of the Pre-admission Screening Instrument (PAS) for screening infants and toddlers who are physically handicapped or developmentally disabled and eligible for early intervention services, many of which can be made available through the ALTCS entitlement program.
 - * It is recommended that an interagency agreement be developed with AHCCCS that articulates their role in the screening, eligibility determination, and assessment of children for early intervention services.
 - * AHCCCS and ALTCS program staff conducting screening activities for their agencies should receive training in screening and interpreting information related to infants and toddlers.
-

AHCCCS is an entitlement program which means that every child who meets the age, family income, and family resource requirements is entitled to the services available under the program.

Summary. All of the 7 Group A agencies are involved in some level and type of identification, screening and assessment activity that is relevant to the Part H early intervention services.

Since children served by both MCH and CRS exhibit medical conditions requiring immediate medical attention, they are more likely to enter the state agency system and be identified for services at very young ages by these two systems. In addition to these two state agencies, AHCCCS medical contractors and private physicians are in a strategic position for identifying and screening very young children for eligibility under Part H.

ASDB, ACYF, and the CECs are also state programs that can facilitate the identification and screening of children for early intervention services. Each of these agencies could also utilize a standard screening procedure to identify children as potentially eligible for early intervention services. Children are less likely to enter

these systems at a very young age. For instance, a hearing loss may not become evident during the first 6-12 months of life. Children with more subtle developmental problems, uncomplicated by medical conditions, will be difficult to identify until the developmental delays become more obvious.

Public awareness campaigns regarding the State's early intervention services should clearly designate ASDB and the CECs as potential screening resources for parents and human resource agency personnel so that determination for early intervention services can be facilitated.

Case Management Services

This section will discuss the delivery of case management services to the target population. The underlying assumption of the authors is that parents have the right to assume the case management responsibilities for their child if desired.

Each of the 7 Group A agencies provide some level of case management. However, only children eligible under the Arizona Long-Term Care System (ALTCS) of AHCCCS may receive case management. All other AHCCCS eligible children receive only health care through their health care provider.

As indicated in the previous section, each of the Group A agencies has children eligible for their services under existing eligibility requirements. Each of these agencies is serving a subgroup of children who would also be eligible as target children under P.L. 99-457, Part H. Therefore, with the implementation of a standard screening procedure, the children identified by an agency as "jointly eligible" could receive their initial case management assistance from the identifying agency.

Several of the Group A agencies provide limited case management services, with case management terminating when the child's service needs have been met and/or the child's "condition" corrected (i.e., Child Evaluation Centers, Foster Care Program and CRS)

The Child Evaluation Centers only provide case management as it relates to the eligibility determination and assessment activities that they conduct. Currently, their participation in the overall delivery of early intervention services to children they serve are limited to this phase of the service delivery process.

The case management services for children placed into foster care terminate when foster care is no longer provided, while children served by CRS are intended to have a potential for cure or significant improvement resulting in the need for short-term care.

Children qualifying for services through ALTCS, MCH, DDD, and ASDB can ostensibly receive case management services throughout the 0-36 month period of interest to the early intervention service delivery system. The MCH Newborn Intensive Care Follow-up Program provides services up to the point of entry into the

school system. The other 3 agency programs are programs for children with chronic conditions which will require long-term care needs.

RECOMMENDATION #9

- * The ICC should assess the efficacy of interagency agreements with each of the Group A agencies to provide initial case management services for children identified as eligible for their respective services, but also identified as eligible for early intervention services under the state definition for P.L. 99-457, Part H.
 - * The roles and responsibilities related to case management under this legislation should be explored and articulated, including decision rules for the transfer of case management responsibilities when it is in the best interest of the child and family.
 - * Personnel training should be provided to insure consistency in case management services across agencies as it relates to early intervention.
 - * The ICC should identify the gap in available case management and other services between target children served by the Group A agencies and those not eligible for agency services, or who choose not to participate because of agency financial responsibility requirements.
-

For children served by more than one agency, an interagency coordination team would assign case management responsibilities. Agency-assigned case management responsibilities would occur in those cases where the parents decline to assume the responsibility.

Rehabilitative, Psychological, Educational, and Health Services

The remaining services identified in P.L. 99-457, Part H, will be discussed as a group. These services can be identified as rehabilitative, educational, psychological and health services.

Rehabilitative services include speech pathology, occupational therapy, and physical therapy. As indicated in Table 1, the following observations can be made. Six (6) agencies provide speech therapy services. Four (4) agencies provide for occupational therapy. Five (5) agencies support physical therapy services.

Psychological services are provided by only two (2) agencies, ACYF (for children in foster care) and the CECs (for purposes of assessment only). This is perhaps, the service in the early intervention system that is least available to the children and families.

RECOMMENDATION #10

* The ICC should investigate the feasibility of an interagency agreement with the Division of Behavioral Health for the provision of psychological services to target children receiving early intervention services. The Division of Behavioral Health is currently responding to a new legislative mandate to develop and implement, a comprehensive behavioral health service system for children in the state of Arizona.

Special instruction, home visits, family training and counseling are all early intervention services with more limited availability in the state agencies. Table 1 shows that no more than four (4) agencies provide any one of these services. This is perhaps due to the fact that these are not typical medical services, therefore, agencies with a primary medical and health orientation do not provide educational and counseling services to the child or family.

These services were interpreted as consisting of instruction related to independent living, special developmental skills, and other areas typically targeted by early special education curriculums. ALTCs use the term "habilitation services".

RECOMMENDATION #11

* The ICC should investigate strategies for increasing the availability of these services for target children; this would include legislative and policy changes for existing state agencies, identifying the availability of these services from private, non-profit agencies, and establishing a network of these services statewide on a fee-for-service basis.

Health services were identified as provided by four (4) agencies. P.L. 99-457, Part II, indicates that health services for target children are to be provided when necessary to enable the infant or toddler to benefit from the other early intervention services.

Summary. In order to facilitate the analysis of existing early intervention services in the state and determine future programmatic needs for the target children, it would be important for the ICC to develop a "dictionary" of terms and definitions under which the system will be developed. The terminology in the law does not match agency terminology one-for-one. Therefore, the authors interpreted agency descriptions in broad terms and have attempted to designate which agencies are currently providing the early intervention services as defined by the law.

This was done, of course, with the clear recognition that each of the agencies reviewed in this analysis have their own statutory and regulatory requirements for eligibility, including income, programmatic, and financial responsibility requirements.

This report is intended to provide an initial comprehensive review of existing state agency policy. Future activities should refine the definitions and terminology specified under the law in a manner that allows multiple agencies representing different disciplines and missions to communicate and cooperate under a single language.

OTHER GENERAL CONSIDERATIONS

Most of the agencies reviewed in this report conduct both advocacy activities and public awareness activities. Group B agencies are agencies included in this report that provide assistance to families and children in a variety of ways, from day care licensing to job training, to income assistance. These agencies could all serve as a source for distributing information about the state's early intervention services. Therefore, the following recommendation is made.

RECOMMENDATION #12

* The ICC should develop interagency agreements with the agencies reviewed in this report to conduct joint public awareness and advocacy activities related to the delivery of early intervention services to target children under P.L. 99-457, Part H.

This report was prepared with the law-maker, policy-maker, service provider and consumer/parent in mind. There exists in no other single document the information contained in this report. It has been written specifically with the infants and toddlers in need of early intervention services and their families in mind. Therefore, the following recommendation is made.

RECOMMENDATION #13

* The ICC members should participate in a one-day workshop provided by the authors to review the report and its findings in detail, with each ICC agency member assisting in clarifying and discussing in more detail the actual availability of these services in the state of Arizona and their agencies' potential for participating in the delivery of early intervention services in Arizona.

* The ICC should develop a plan for the dissemination of this report to legislators, policy-makers, service providers, and parents. The plan should insure statewide distribution, and could include the provision of the report free or for a fee to key legislative committees, the administrators of the agencies reviewed, service providers throughout the system through distribution to district and regional offices, to relevant private associations and groups, and to community libraries throughout the state for parental access to the report.

REFERENCE LIST

341

326

REFERENCE LIST

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Section 8-512
Section 15-201
Section 15-203
Section 15-231
Section 15-235
Section 15-346
Section 15-761
Section 15-763
Section 15-766
Section 15-767
Section 15-771
Section 15-821 (c)
Section 15-1302
Section 15-1303 through 15-1346
Section 20-1052 through 20-1072
Section 20-1342
Section 20-1342.01
Section 20-1342.02
Section 20-1402
Section 20-1407
Section 20-1408
Section 20-1691
Section 20-1691.02
Section 23-501 through 23-508
Section 36-132 (A) (3,5,7)
Section 36-132 (A) (9)
Section 36-132 (A) (10)
Section 36-132 (A) (19)
Section 36-136.03
Section 36-261
Section 36-262
Section 36-291 through 36-2958
Section 36-551
Section 36-553 through 36-559
Section 36-629
Section 36-691
Section 36-692
Section 36-694
Section 36-888.02
Section 36-899.22
Section 36-899.23
Section 36-1941
Section 36-1943
Section 36-1946

Section 36-1947
Section 36-2903 et seq
Section 36-3402
Section 36-3421
Section 41-454
Section 41-1954
Section 41-1954 (A) (1) (c)
Section 41-1954 (A) (1) (d)
Section 41-1954 (1) (b)
Section 41-1954 (1) (i)
Section 41-1981
Section 41-2452
Section 46-231 through 46-237
Section 46-251 through 46-253
Section 46-291 through 46-295
Section 46-401
Section 46-406
Section 46-441

ARIZONA ADMINISTRATIVE CODES

R4-14-802 Aids Guideline
R6-3-401 through R6-3-432
R6-3-701 through R6-3-808
R6-3-1901 through R6-3-2320
R6-4-100 through R6-4-707
R6-5-55-01 through R6-5-55-28
R6-5-57-01 through R6-5-57-45
R6-5-5801 through R6-5-5807
R6-5-6001 through R6-5-6014
R6-6-301 and R6-6-302
R7-2-401 through R7-2-405
R9-6-501
R9-7-101 through R9-7-110
R9-12-100 through R9-12-116

OTHERS

Arizona State Constitution Article XI
Executive Order No. 88-22

PUBLIC LAW 99-457, PART H

Public Law 99-457
99th Congress

An Act

To amend the Education of the Handicapped Act to reauthorize the discretionary programs under that Act, to authorize an early intervention program under that Act for handicapped infants and toddlers and their families, and for other purposes.

Oct. 8, 1986

[S. 2294]

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE: REFERENCE.

(a) SHORT TITLE.—This Act may be cited as the "Education of the Handicapped Act Amendments of 1986".

(b) REFERENCE.—References in this Act to "the Act" are references to the Education of the Handicapped Act.

Education of the
Handicapped
Act
Amendments of
1986.
Contracts.
Grants.
20 USC 1400
note.
20 USC 1400.

TITLE I—HANDICAPPED INFANTS AND TODDLERS

SEC. 101. ADDITION OF A NEW PART RELATING TO HANDICAPPED INFANTS AND TODDLERS.

(a) AMENDMENT.—The Act is amended by inserting after the part added by section 316 the following new part:

"PART H—HANDICAPPED INFANTS AND TODDLERS

"FINDINGS AND POLICY

"SEC. 671. (a) FINDINGS.—The Congress finds that there is an urgent and substantial need—

20 USC 1471.

"(1) to enhance the development of handicapped infants and toddlers and to minimize their potential for developmental delay,

"(2) to reduce the educational costs to our society, including our Nation's schools, by minimizing the need for special education and related services after handicapped infants and toddlers reach school age,

"(3) to minimize the likelihood of institutionalization of handicapped individuals and maximize the potential for their independent living in society, and

"(4) to enhance the capacity of families to meet the special needs of their infants and toddlers with handicaps.

"(b) POLICY.—It is therefore the policy of the United States to provide financial assistance to States—

State and local
governments.

"(1) to develop and implement a statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for handicapped infants and toddlers and their families,

"(2) to facilitate the coordination of payment for early intervention services from Federal, State, local, and private sources (including public and private insurance coverage), and

"(3) to enhance its capacity to provide quality early intervention services and expand and improve existing early interven-

tion services being provided to handicapped infants, toddlers, and their families.

“DEFINITIONS

20 USC 1472.

“Sec. 672. As used in this part—

“(1) The term ‘handicapped infants and toddlers’ means individuals from birth to age 2, inclusive, who need early intervention services because they—

“(A) are experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: Cognitive development, physical development, language and speech development, psychosocial development, or self-help skills, or

“(B) have a diagnosed physical or mental condition which has a high probability of resulting in developmental delay. Such term may also include, at a State’s discretion, individuals from birth to age 2, inclusive, who are at risk of having substantial developmental delays if early intervention services are not provided.

“(2) ‘Early intervention services’ are developmental services which—

“(A) are provided under public supervision,

“(B) are provided at no cost except where Federal or State law provides for a system of payments by families, including a schedule of sliding fees,

“(C) are designed to meet a handicapped infant’s or toddler’s developmental needs in any one or more of the following areas:

“(i) physical development,

“(ii) cognitive development,

“(iii) language and speech development,

“(iv) psycho-social development, or

“(v) self-help skills,

“(D) meet the standards of the State, including the requirements of this part,

“(E) include—

“(i) family training, counseling, and home visits,

“(ii) special instruction,

“(iii) speech pathology and audiology,

“(iv) occupational therapy,

“(v) physical therapy,

“(vi) psychological services,

“(vii) case management services,

“(viii) medical services only for diagnostic or evaluation purposes,

“(ix) early identification, screening, and assessment services, and

“(x) health services necessary to enable the infant or toddler to benefit from the other early intervention services,

“(F) are provided by qualified personnel, including—

“(i) special educators,

“(ii) speech and language pathologists and audiologists,

“(iii) occupational therapists,

“(iv) physical therapists,

“(v) psychologists,

- “(vi) social workers,
- “(vii) nurses, and
- “(viii) nutritionists, and

“(G) are provided in conformity with an individualized family service plan adopted in accordance with section 677.

“(3) The term ‘developmental delay’ has the meaning given such term by a State under section 676(b)(1).

“(4) The term ‘Council’ means the State Interagency Coordinating Council established under section 682.

“GENERAL AUTHORITY

“SEC. 673. The Secretary shall, in accordance with this part, make grants to States (from their allocations under section 684) to assist each State to develop a statewide, comprehensive, coordinated, multidisciplinary, interagency system to provide early intervention services for handicapped infants and toddlers and their families.

State and local
governments.
Grants.
20 USC 1473.

“GENERAL ELIGIBILITY

“SEC. 674. In order to be eligible for a grant under section 673 for any fiscal year, a State shall demonstrate to the Secretary (in its application under section 678) that the State has established a State Interagency Coordinating Council which meets the requirements of section 682.

State and local
governments.
Grants.
20 USC 1474.

“CONTINUING ELIGIBILITY

“SEC. 675. (a) FIRST TWO YEARS.—In order to be eligible for a grant under section 673 for the first or second year of a State's participation under this part, a State shall include in its application under section 678 for that year assurances that funds received under section 673 shall be used to assist the State to plan, develop, and implement the statewide system required by section 676.

State and local
governments.
Grants.
20 USC 1475.

“(b) THIRD AND FOURTH YEAR.—(1) In order to be eligible for a grant under section 673 for the third or fourth year of a State's participation under this part, a State shall include in its application under section 678 for that year information and assurances demonstrating to the satisfaction of the Secretary that—

“(A) the State has adopted a policy which incorporates all of the components of a statewide system in accordance with section 676 or obtained a waiver from the Secretary under paragraph (2),

“(B) funds shall be used to plan, develop, and implement the statewide system required by section 676, and

“(C) such statewide system will be in effect no later than the beginning of the fourth year of the State's participation under section 673, except that with respect to section 676(b)(4), a State need only conduct multidisciplinary assessments, develop individualized family service plans, and make available case management services.

“(2) Notwithstanding paragraph (1), the Secretary may permit a State to continue to receive assistance under section 673 during such third year even if the State has not adopted the policy required by paragraph (1)(A) before receiving assistance if the State demonstrates in its application—

“(A) that the State has made a good faith effort to adopt such a policy,

"(B) the reasons why it was unable to meet the timeline and the steps remaining before such a policy will be adopted, and

"(C) an assurance that the policy will be adopted and go into effect before the fourth year of such assistance.

"(c) FIFTH AND SUCCEEDING YEARS.—In order to be eligible for a grant under section 673 for a fifth and any succeeding year of a State's participation under this part, a State shall include in its application under section 678 for that year information and assurances demonstrating to the satisfaction of the Secretary that the State has in effect the statewide system required by section 676 and a description of services to be provided under section 676(b)(2).

"(d) EXCEPTION.—Notwithstanding subsections (a) and (b), a State which has in effect a State law, enacted before September 1, 1986, that requires the provision of free appropriate public education to handicapped children from birth through age 2, inclusive, shall be eligible for a grant under section 673 for the first through fourth years of a State's participation under this part.

"REQUIREMENTS FOR STATEWIDE SYSTEM

20 USC 1476.

"SEC. 676. (a) IN GENERAL.—A statewide system of coordinated, comprehensive, multidisciplinary, interagency programs providing appropriate early intervention services to all handicapped infants and toddlers and their families shall include the minimum components under subsection (b).

"(b) MINIMUM COMPONENTS.—The statewide system required by subsection (a) shall include, at a minimum—

"(1) a definition of the term 'developmentally delayed' that will be used by the State in carrying out programs under this part,

"(2) timetables for ensuring that appropriate early intervention services will be available to all handicapped infants and toddlers in the State before the beginning of the fifth year of a State's participation under this part,

"(3) a timely, comprehensive, multidisciplinary evaluation of the functioning of each handicapped infant and toddler in the State and the needs of the families to appropriately assist in the development of the handicapped infant or toddler,

"(4) for each handicapped infant and toddler in the State, an individualized family service plan in accordance with section 677, including case management services in accordance with such service plan,

"(5) a comprehensive child find system, consistent with part B, including a system for making referrals to service providers that includes timelines and provides for the participation by primary referral sources,

"(6) a public awareness program focusing on early identification of handicapped infants and toddlers,

"(7) a central directory which includes early intervention services, resources, and experts available in the State and research and demonstration projects being conducted in the State,

"(8) a comprehensive system of personnel development,

"(9) a single line of responsibility in a lead agency designated or established by the Governor for carrying out—

"(A) the general administration, supervision, and monitoring of programs and activities receiving assistance under section 673 to ensure compliance with this part,

Public
information.

"(B) the identification and coordination of all available resources within the State from Federal, State, local and private sources,

"(C) the assignment of financial responsibility to the appropriate agency,

"(D) the development of procedures to ensure that services are provided to handicapped infants and toddlers and their families in a timely manner pending the resolution of any disputes among public agencies or service providers,

"(E) the resolution of intra- and interagency disputes, and

"(F) the entry into formal interagency agreements that define the financial responsibility of each agency for paying for early intervention services (consistent with State law) and procedures for resolving disputes and that include all additional components necessary to ensure meaningful co-operation and coordination,

"(10) a policy pertaining to the contracting or making of other arrangements with service providers to provide early intervention services in the State, consistent with the provisions of this part, including the contents of the application used and the conditions of the contract or other arrangements,

"(11) a procedure for securing timely reimbursement of funds used under this part in accordance with section 681(a),

"(12) procedural safeguards with respect to programs under this part as required by section 680, and

"(13) policies and procedures relating to the establishment and maintenance of standards to ensure that personnel necessary to carry out this part are appropriately and adequately prepared and trained, including—

"(A) the establishment and maintenance of standards which are consistent with any State approved or recognized certification, licensing, registration, or other comparable requirements which apply to the area in which such personnel are providing early intervention services, and

"(B) to the extent such standards are not based on the highest requirements in the State applicable to a specific profession or discipline, the steps the State is taking to require the retraining or hiring of personnel that meet appropriate professional requirements in the State, and

"(14) a system for compiling data on the numbers of handicapped infants and toddlers and their families in the State in need of appropriate early intervention services (which may be based on a sampling of data), the numbers of such infants and toddlers and their families served, the types of services provided (which may be based on a sampling of data), and other information required by the Secretary.

"INDIVIDUALIZED FAMILY SERVICE PLAN

"SEC. 677. (a) ASSESSMENT AND PROGRAM DEVELOPMENT.—Each handicapped infant or toddler and the infant or toddler's family shall receive—

20 USC 1477.

"(1) a multidisciplinary assessment of unique needs and the identification of services appropriate to meet such needs, and

"(2) a written individualized family service plan developed by a multidisciplinary team, including the parent or guardian, as required by subsection (d).

"(b) **PERIODIC REVIEW.**—The individualized family service plan shall be evaluated once a year and the family shall be provided a review of the plan at 6 month-intervals (or more often where appropriate based on infant and toddler and family needs).

"(c) **PROMPTNESS AFTER ASSESSMENT.**—The individualized family service plan shall be developed within a reasonable time after the assessment required by subsection (a)(1) is completed. With the parent's consent, early intervention services may commence prior to the completion of such assessment.

"(d) **CONTENT OF PLAN.**—The individualized family service plan shall be in writing and contain—

"(1) a statement of the infant's or toddler's present levels of physical development, cognitive development, language and speech development, psycho-social development, and self-help skills, based on acceptable objective criteria,

"(2) a statement of the family's strengths and needs relating to enhancing the development of the family's handicapped infant or toddler,

"(3) a statement of the major outcomes expected to be achieved for the infant and toddler and the family, and the criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes are being made and whether modifications or revisions of the outcomes or services are necessary,

"(4) a statement of specific early intervention services necessary to meet the unique needs of the infant or toddler and the family, including the frequency, intensity, and the method of delivering services,

"(5) the projected dates for initiation of services and the anticipated duration of such services,

"(6) the name of the case manager from the profession most immediately relevant to the infant's and toddler's or family's needs who will be responsible for the implementation of the plan and coordination with other agencies and persons, and

"(7) the steps to be taken supporting the transition of the handicapped toddler to services provided under part B to the extent such services are considered appropriate.

20 USC 1411.

"STATE APPLICATION AND ASSURANCES

Grants.
Regulations.
20 USC 1478.

"SEC. 678. (a) **APPLICATION.**—Any State desiring to receive a grant under section 673 for any year shall submit an application to the Secretary at such time and in such manner as the Secretary may reasonably require by regulation. Such an application shall contain—

"(1) a designation of the lead agency in the State that will be responsible for the administration of funds provided under section 673,

"(2) information demonstrating eligibility of the State under section 674,

"(3) the information or assurances required to demonstrate eligibility of the State for the particular year of participation under section 675, and

"(4)(A) information demonstrating that the State has provided (i) public hearings, (ii) adequate notice of such hearings, and (iii) an opportunity for comment to the general public before the submission of such application and before the adoption by the

State of the policies described in such application, and (B) a summary of the public comments and the State's responses.

"(5) a description of the uses for which funds will be expended in accordance with this part and for the fifth and succeeding fiscal years a description of the services to be provided,

"(6) a description of the procedure used to ensure an equitable distribution of resources made available under this part among all geographic areas within the State, and

"(7) such other information and assurances as the Secretary may reasonably require by regulation.

"(b) STATEMENT OF ASSURANCES.—Any State desiring to receive a grant under section 673 shall file with the Secretary a statement at such time and in such manner as the Secretary may reasonably require by regulation. Such statement shall—

Regulations.

"(1) assure that funds paid to the State under section 673 will be expended in accordance with this part,

"(2) contain assurances that the State will comply with the requirements of section 681,

"(3) provide satisfactory assurance that the control of funds provided under section 673, and title to property derived therefrom, shall be in a public agency for the uses and purposes provided in this part and that a public agency will administer such funds and property,

"(4) provide for (A) making such reports in such form and containing such information as the Secretary may require to carry out the Secretary's functions under this part, and (B) keeping such records and affording such access thereto as the Secretary may find necessary to assure the correctness and verification of such reports and proper disbursement of Federal funds under this part,

"(5) provide satisfactory assurance that Federal funds made available under section 673 (A) will not be commingled with State funds, and (B) will be so used as to supplement and increase the level of State and local funds expended for handicapped infants and toddlers and their families and in no case to supplant such State and local funds,

"(6) provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under section 673 to the State, and

"(7) such other information and assurances as the Secretary may reasonably require by regulation.

"(c) APPROVAL OF APPLICATION AND ASSURANCES REQUIRED.—No State may receive a grant under section 673 unless the Secretary has approved the application and statement of assurances of that State. The Secretary shall not disapprove such an application or statement of assurances unless the Secretary determines, after notice and opportunity for a hearing, that the application or statement of assurances fails to comply with the requirements of this section.

"USES OF FUNDS

"SEC. 679. In addition to using funds provided under section 673 to plan, develop, and implement the statewide system required by section 676, a State may use such funds—

State and local
governments
20 USC 1479.

"(1) for direct services for handicapped infants and toddlers that are not otherwise provided from other public or private sources, and

"(2) to expand and improve on services for handicapped infants and toddlers that are otherwise available.

"PROCEDURAL SAFEGUARDS

State and local
governments.
20 USC 1480.

"SEC. 680. The procedural safeguards required to be included in a statewide system under section 676(b)(12) shall provide, at a minimum, the following:

"(1) The timely administrative resolution of complaints by parents. Any party aggrieved by the findings and decision regarding an administrative complaint shall have the right to bring a civil action with respect to the complaint, which action may be brought in any State court of competent jurisdiction or in a district court of the United States without regard to the amount in controversy. In any action brought under this paragraph, the court shall receive the records of the administrative proceedings, shall hear additional evidence at the request of a party, and, basing its decision on the preponderance of the evidence, shall grant such relief as the court determines is appropriate.

Confidentiality.

"(2) The right to confidentiality of personally identifiable information.

"(3) The opportunity for parents and a guardian to examine records relating to assessment, screening, eligibility determinations, and the development and implementation of the individualized family service plan.

"(4) Procedures to protect the rights of the handicapped infant and toddlers whenever the parents or guardian of the child are not known or unavailable or the child is a ward of the State, including the assignment of an individual (who shall not be an employee of the State agency providing services) to act as a surrogate for the parents or guardian.

"(5) Written prior notice to the parents or guardian of the handicapped infant or toddler whenever the State agency or service provider proposes to initiate or change or refuses to initiate or change the identification, evaluation, placement, or the provision of appropriate early intervention services to the handicapped infant or toddler.

"(6) Procedures designed to assure that the notice required by paragraph (5) fully informs the parents or guardian, in the parents' or guardian's native language, unless it clearly is not feasible to do so, of all procedures available pursuant to this section.

"(7) During the pendency of any proceeding or action involving a complaint, unless the State agency and the parents or guardian otherwise agree, the child shall continue to receive the appropriate early intervention services currently being provided or if applying for initial services shall receive the services not in dispute.

"PAYOR OF LAST RESORT

20 USC 1481.

"SEC. 681. (a) NONSUBSTITUTION.—Funds provided under section 673 may not be used to satisfy a financial commitment for services which would have been paid for from another public or private

source but for the enactment of this part, except that whenever considered necessary to prevent the delay in the receipt of appropriate early intervention services by the infant or toddler or family in a timely fashion, funds provided under section 673 may be used to pay the provider of services pending reimbursement from the agency which has ultimate responsibility for the payment.

“(b) REDUCTION OF OTHER BENEFITS.—Nothing in this part shall be construed to permit the State to reduce medical or other assistance available or to alter eligibility under title V of the Social Security Act (relating to maternal and child health) or title XIX of the Social Security Act (relating to medicaid for handicapped infants and toddlers) within the State.

42 USC 701.
42 USC 1396

“STATE INTERAGENCY COORDINATING COUNCIL

“SEC. 682. (a) ESTABLISHMENT.—(1) Any State which desires to receive financial assistance under section 673 shall establish a State Interagency Coordinating Council composed of 15 members.

20 USC 1482.

“(2) The Council and the chairperson of the Council shall be appointed by the Governor. In making appointments to the Council, the Governor shall ensure that the membership of the Council reasonably represents the population of the State.

“(b) COMPOSITION.—The Council shall be composed of—

“(1) at least 3 parents of handicapped infants or toddlers or handicapped children aged 3 through 6, inclusive,

“(2) at least 3 public or private providers of early intervention services,

“(3) at least one representative from the State legislature,

“(4) at least one person involved in personnel preparation, and

“(5) other members representing each of the appropriate agencies involved in the provision of or payment for early intervention services to handicapped infants and toddlers and their families and others selected by the Governor.

“(c) MEETINGS.—The Council shall meet at least quarterly and in such places as it deems necessary. The meetings shall be publicly announced, and, to the extent appropriate, open and accessible to the general public.

“(d) MANAGEMENT AUTHORITY.—Subject to the approval of the Governor, the Council may prepare and approve a budget using funds under this part to hire staff, and obtain the services of such professional, technical, and clerical personnel as may be necessary to carry out its functions under this part.

“(e) FUNCTIONS OF COUNCIL.—The Council shall—

“(1) advise and assist the lead agency designated or established under section 676(b)(9) in the performance of the responsibilities set out in such section, particularly the identification of the sources of fiscal and other support for services for early intervention programs, assignment of financial responsibility to the appropriate agency, and the promotion of the interagency agreements,

“(2) advise and assist the lead agency in the preparation of applications and amendments thereto, and

“(3) prepare and submit an annual report to the Governor and to the Secretary on the status of early intervention programs for handicapped infants and toddlers and their families operated within the State.

Report.

"(f) CONFLICT OF INTEREST.—No member of the Council shall cast a vote on any matter which would provide direct financial benefit to that member or otherwise give the appearance of a conflict of interest under State law.

"(g) USE OF EXISTING COUNCILS.—To the extent that a State has established a Council before September 1, 1986, that is comparable to the Council described in this section, such Council shall be considered to be in compliance with this section. Within 4 years after the date the State accepts funds under section 673, such State shall establish a council that complies in full with this section.

"FEDERAL ADMINISTRATION

State and local
governments.
Education.
20 USC 1483.
20 USC 1416,
1417, 1420.

"SEC. 683. Sections 616, 617, and 620 shall, to the extent not inconsistent with this part, apply to the program authorized by this part, except that—

"(1) any reference to a State educational agency shall be deemed to be a reference to the State agency established or designated under section 676(b)(9),

"(2) any reference to the education of handicapped children and the education of all handicapped children and the provision of free public education to all handicapped children shall be deemed to be a reference to the provision of services to handicapped infants and toddlers in accordance with this part, and

"(3) any reference to local educational agencies and intermediate educational agencies shall be deemed to be a reference to local service providers under this part.

"ALLOCATION OF FUNDS

Guam.
American
Samoa.
Virgin Islands.
Republic of the
Marshall
Islands.
Federated States
of Micronesia.
Republic of
Palau.
Commonwealth
of the
Northern
Mariana
Islands.
20 USC 1484.

"SEC. 684. (a) From the sums appropriated to carry out this part for any fiscal year, the Secretary may reserve 1 percent for payments to Guam, American Samoa, the Virgin Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, the Republic of Palau, and the Commonwealth of the Northern Mariana Islands in accordance with their respective needs.

"(b)(1) The Secretary shall make payments to the Secretary of the Interior according to the need for such assistance for the provision of early intervention services to handicapped infants and toddlers and their families on reservations serviced by the elementary and secondary schools operated for Indians by the Department of the Interior. The amount of such payment for any fiscal year shall be 1.25 percent of the aggregate of the amount available to all States under this part for that fiscal year.

"(2) The Secretary of the Interior may receive an allotment under paragraph (1) only after submitting to the Secretary an application which meets the requirements of section 678 and which is approved by the Secretary. Section 616 shall apply to any such application.

"(c)(1) For each of the fiscal years 1987 through 1991 from the funds remaining after the reservation and payments under subsections (a) and (b), the Secretary shall allot to each State an amount which bears the same ratio to the amount of such remainder as the number of infants and toddlers in the State bears to the number of infants and toddlers in all States, except that no State shall receive less than 0.5 percent of such remainder.

"(2) For the purpose of paragraph (1)—

20 USC 1416.

“(A) the terms ‘infants’ and ‘toddlers’ mean children from birth to age 2, inclusive, and

“(B) the term ‘State’ does not include the jurisdictions described in subsection (a).

“(d) If any State elects not to receive its allotment under subsection (c)(1), the Secretary shall reallocate, among the remaining States, amounts from such State in accordance with such subsection.

“AUTHORIZATION OF APPROPRIATIONS

“SEC. 685. There are authorized to be appropriated to carry out this part \$50,000,000 for fiscal year 1987, \$75,000,000 for fiscal year 1988, and such sums as may be necessary for each of the 3 succeeding fiscal years.” 20 USC 1485.

(b) STUDY OF SERVICES; COORDINATION OF ACTIONS.—(1) The Secretary of Education and the Secretary of Health and Human Services shall conduct a joint study of Federal funding sources and services for early intervention programs currently available and shall jointly act to facilitate interagency coordination of Federal resources for such programs and to ensure that funding available to handicapped infants, toddlers, children, and youth from Federal programs, other than programs under the Education of the Handicapped Act, is not being withdrawn or reduced. 20 USC 1485 note.

(2) Not later than 18 months after the date of the enactment of this Act, the Secretary of Education and the Secretary of Health and Human Services shall submit a joint report to the Congress describing the findings of the study conducted under paragraph (1) and describing the joint action taken under that paragraph. 20 USC 1400. Report.

END

U.S. Dept. of Education

Office of Education
Research and
Improvement (OERI)

ERIC

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