

100-C MANUAL UPDATING PROCEDURES

REVISION DATE: 1/31/2014

EFFECTIVE DATE: December 18, 2008

Development/Revision of Policies

The Division adheres to all state and federal laws, regulations, and rules that relate to the operation of the Division and the programs it administers. The Division is required to develop policies for program operations that conform to state and federal requirements.

During the policy development and revision processes, comments may be solicited from appropriate Central Office and District staff, members, families, providers, advocates, other government agencies, constituency groups and advisory groups as required by state law or desired by the Division. All policies must be approved by the Division's Assistant Director.

Requests for Manual revisions which affect the Division should be directed to the Policy Manager.

Revised Manual sections for Division policies are identified by a revision date in the lower left corner of each page.

Requests for policy development/revision which affect other department programs are initiated through the Assistant Director for each division and processed through the Department of Economic Security's Policy and Procedures Administration. Additional information regarding the process for development/review of "universal" policies and procedures can be found at:

<http://deswebpro.azdes.gov/cms400min/dllist.aspx?type=1> under the Administrative Policies button (DES1-01-25).

Distribution of New Policies

Policy Manual issuances are distributed electronically through the Division's website at <https://www.azdes.gov/ddd/>. The Division maintains a master mailing list and manages the notification, distribution process for those who request individualized notice. Questions regarding this process should be directed to the Policy Manager.

Annual Policy Review

The Division will review all policies annually. After the review and recommended revisions are made, the Assistant Director or designee shall approve all final policies.

The Division will track and maintain a record of reviews and recommended revisions for policy drafts.

100-D DEFINITIONS

REVISION DATE: 7/3/2015, 9/1/2014

EFFECTIVE DATE: June 30, 1994

REFERENCES: A.R.S. §§ 36- 29, 36-553, 36-2901, 36-2904, 36-2931, 36-3401; A.A.C. R9-22-101, R6-6-903, R9-22-1201(w).

1115 Waiver – The 1115 Waiver refers to section 1115 of the Social Security Act (SSA). States must comply with Title XIX (Medicaid) and Title XXI (Children’s Health Insurance Program) of the SSA. Since Arizona began providing Medicaid on October 1, 1982, the Arizona Health Care Cost Containment System (AHCCCS) has been exempt from specific provisions of the SSA, pursuant to an 1115 Research and Demonstration Waiver. The 1115 Waiver specifies provisions in the SSA and corresponding regulations AHCCCS is exempt from; terms and conditions that AHCCCS must fulfill; and approved federal budget amounts. (Arizona Section 1115 Demonstration Project Waiver).

Arizona Administrative Code (A.A.C.) - The Arizona Administrative Code is a publication of the official rules of the State of Arizona. Rules are adopted by state agencies, boards or commissions, with specific rulemaking authority from the State Legislature. Rule sections are published in Titles and Chapters.

Arizona Developmental Disabilities Planning Council (ADDPC) –The ADDPC works to support advocacy, bring about systems change and create increased capacity to support persons with developmental disabilities in the community. The ADDPC was established pursuant to Public Law 106-402, also known as the Developmental Disabilities Assistance and Bill of Rights Act of 2000. Pursuant of an Executive Order by the Governor of the State of Arizona on September 3, 2009, the Council was created. Council members are appointed by the Governor of Arizona.

Arizona Health Care Cost Containment System (AHCCCS) – The single State Medicaid agency, as described in A.R.S. § Title 36, Chapter 29, Arizona Medicaid Agency. AHCCCS is composed of the AHCCCS Administration, Contractors and other arrangements through which health care services (acute, long-term care, and behavioral) are provided to members.

Arizona Long Term Care System (ALTCS)- An AHCCCS program which delivers long term, acute, behavioral health care, and case management services as authorized by A.R.S. § 36-2931 *et seq*, to eligible members who are either elderly and/or have physical disabilities and to members with developmental disabilities, through contractual agreements and other arrangements.

Arizona Long Term Care System (ALTCS) Contractor- A contracted managed care organization (also known as a Program Contractor), that provides long term care, acute care, behavioral health and case management services to Title XIX eligible individuals who are either elderly and/or who have physical or developmental disabilities who are determined to be at immediate risk of institutionalization.

Arizona Revised Statute (A.R.S. §) - Laws of the State of Arizona.

Assistant Director Approval – Includes approval from the Assistant Director’s designee.

Centers for Medicare and Medicaid Services (CMS) – An organization within the United States Department of Health and Human Services that administers the Medicare and Medicaid programs and the State Children’s Health Insurance Program (known as KidsCare in Arizona).

Code of Federal Regulations (CFR) - The general and permanent rules published in the Federal Register by the departments and agencies of the federal government.

Comprehensive Medical and Dental Program - The Comprehensive Medical and Dental Program (CMDP) is a health care program for Arizona’s children who are wards of the court and placed out of home. Eligibility is based on State law. Department of Child Safety (DCS) coordinates services related to CMDP.

Contractor - An organization, person, or entity that has a prepaid capitated contract with AHCCCS pursuant to A.R.S. § 36-2904 to provide goods and services to members, either directly or through subcontracts with providers, in conformance with contractual requirements, AHCCCS statutes and rules, and federal law and regulations.

Developmental Disabilities Advisory Council (DDAC) – Advisory Council to the Division of Developmental Disabilities whose duties have been established by A.R.S. § 36-553 whose voting members are also appointed by the Governor of Arizona.

Direct Care Worker – A person who assists individuals with activities necessary to allow them to reside in their home. These workers may also be known as Direct Support Professionals.

Durable Medical Equipment (DME) – An item or appliance that is not an orthotic or prosthetic; is designed for medical purpose; is generally not useful to a person in the absence of an illness or injury; can withstand repeated use; and, is generally reusable by others.

Durable Medical Equipment (DME), Customized - Equipment that has been altered or built to specifications unique to a member’s medical needs and which, most likely, cannot be used or reused to meet the needs of another individual.

Fee-For-Service (FFS) - A method of payment to an AHCCCS registered provider on an amount-per-service basis.

Focus – The automated web-based system used to maintain information on each member eligible for the Division.

Home and Community Based Services (HCBS) - Services provided, in lieu of institutionalization, to ALTCS members who reside in their own home or in an ALTCS approved home and community based alternative residential setting in order to maintain the member’s highest level of functioning. Members enrolled in the ALTCS Transitional Program also receive HCBS.

Home Program – The Home Program provides for specific activities for the member to do with their families/caregivers during the course of their daily activities to enhance progress towards the chosen treatment goals.

Human Rights Committee (HRC) – This Committee provides independent oversight to monitor and ensure the civil and human rights for persons with developmental disabilities as guaranteed in the U.S. Constitution, federal law regulations, and the Arizona Revised Statutes.

Institutional Settings – Means a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF).

Medically Necessary - As defined in A.A.C. R9-22-101, medically necessary means a covered service provided by a physician or other licensed practitioner of the healing arts within the scope of practice under state law to prevent disease, disability or other adverse conditions or their progression, or to prolong life.

Member – A person enrolled with the Division of Developmental Disabilities.

Planning Document – A plan which is developed by the Planning Team, such as an Individualized Family Service Plan (IFSP), Individualized Support Plan (ISP), and Person Centered Plan (PCP).

Primary Care Provider (PCP) - An individual who meets the requirements of A.R.S. § 36-2901, and who is responsible for the management of the member's health care. A PCP may be a physician defined as a person licensed as an allopathic or osteopathic physician according to A.R.S. Title 32, Chapter 13 or Chapter 17, or a practitioner defined as a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a nurse practitioner licensed under A.R.S. Title 32, Chapter 15. The PCP must be an individual, not a group or association of persons, such as a clinic.

Prior Authorization (PA) – Process by which the Division approves a service.

Program Review Committee (PRC) – As defined in agency rules at A.A.C. R6-6-903, the PRC is an assembly designated by the District Program Manager that reviews any behavior treatment plans which meet the criteria also outlined in the same rules. The PRC approves plans, or makes recommendations for changes as necessary.

Regional Behavioral Health Authority (RBHA) – As defined in A.R.S. § 36-3401, the RBHA is an organization under contract with the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) to administer covered behavioral health services in a geographically specific service area of the state. Tribal governments, through an agreement with the ADHS/DBHS, may operate a Tribal Regional Behavioral Health Authority (TRBHA), as defined in A.A.C. R9-22-1201(w), for the provision of behavioral health services to American Indian members living on-reservation. Through an intergovernmental agreement with ADHS/DBHS, the Division is responsible for all behavioral health services provided to members eligible for ALTCS.

Service Plan Year – The annual period of time beginning at the member's "ISP Start Date" as identified in Focus through the "ISP End Date" as identified in Focus.

Title XIX - Known as Medicaid, Title XIX of the Social Security Act provides for federal funds to the states for medical assistance programs.