

Sent on Behalf of DES/DDD

QUALITY MANAGEMENT BULLETIN - FEBRUARY 2025

Target Audience - Qualified Vendors and Providers

Transmittal Date - 02/25/2025

Greetings from the QMU, we hope everyone is staying healthy this winter! This month's bulletin discusses incident reports surrounding emergency measures, the mortality review process, a reminder of the Division's re-credentialing efforts, a public safety message, and National Core Indicator updates.

Incident Reporting Tip: Emergency Measures

In the event an emergency measure (as outlined in the [Division Behavior Supports Manual Chapter 900](#)) is used, it is essential the incident report includes details of the event including:

- Reasons for emergency measure: Clearly document why the emergency measure was implemented and the steps that were taken, as outlined in the Behavior Plan, to de-escalate the situation prior to the use of the emergency measure.
- Justification of techniques: The prevention and support technique(s) used as outlined in the Behavior Plan.
 - If an unapproved technique was used, the reason why this technique was used and not an approved technique.
- Post-emergency measure action: Detail the steps that were or will be taken after the event, (e.g., retraining, Behavior Plan updates, submissions). Be sure to follow all other documentation requirements for behavior incidents.

Fact-Finding Around Mortality

The mortality review process is essential for identifying any issues that may have compromised a member's care. As outlined in Division Operations Policy Manual 6002-M and AHCCCS Medical Policy Manual 910, the goal of this process is to examine the circumstances surrounding a member's death, identify any preventable factors, and determine corrective actions to reduce future risks.

The Mortality Review Process:

- When a death is identified through triage, it is forwarded to the Quality Management (QM) Mortality Nurse who conducts an in-depth analysis of the incident.
- The QM Medical Director collaborates with the team to determine whether a Quality of Care (QOC) review is needed. This review focuses on assessing whether the care provided in the lead-up to the incident was appropriate or if changes could have prevented the death.

When vendors report incidents involving mortality, comprehensive reporting is critical. Vague or incomplete reports often lead to follow-up requests for more information, which can delay the review process and

potentially hinder efforts to identify areas for improvement. Here's what is essential:

1. Context and Prior Care:

- Even if a vendor was not directly involved during the time of death, any care provided in the days or weeks leading up to the event is crucial.
- Understanding the care provided previously helps determine if the incident was related to a "Fatal Five" diagnosis. These are conditions that are preventable but often fatal for people with intellectual and developmental disabilities. The Fatal Five conditions are:
 - Aspiration
 - Bowel obstruction
 - Dehydration
 - Gastroesophageal reflux
 - Seizures
- If any of these conditions were present, it could significantly influence the decision about whether the death could have been prevented.

2. Comprehensive Reporting:

- The QMU (Quality Management Unit) requires a complete and detailed history of care provided prior to the death. This information helps the team assess whether the death was inevitable or if earlier intervention could have led to a different outcome.
- By identifying patterns or gaps in care, corrective actions can be developed to improve care practices and prevent similar outcomes in the future.

3. Clarifying Vendor Involvement:

- Some vendors may question why they are asked to provide information if they were not on-site during the fatal event. The key point to understand is that the entire history of care is always part of the review process.
- Vendors may have valuable information regarding prior care or conditions that contributed to the death, even if they were not present at the time of the incident.

Key Takeaways for Vendors:

- Be thorough in your reports. Include detailed information about the care provided, including any observations or concerns that may have been identified before the incident occurred.
- Collaborate with the QMU during the fact-finding process, even if you were not directly involved in the fatal incident.
- Your input is crucial in understanding the full context of the situation and improving care for all members in the future.

By following these guidelines, vendors can help ensure that the mortality review process is thorough, timely, and ultimately leads to better outcomes for all involved.

Recredentialing Process Overview - Applications are Due

Currently, DDD is in a recredentialing cycle. The recredentialing process begins when the Division's Credentialing Unit sends an email notification to the Qualified Vendor's signatory contact listed in the FOCUS Contract Administration System (CAS).

This Notification Includes:

- A Recredentialing application.

- A list of required documentation and/or information.
- A deadline for submitting the completed application and documents to the Division.

Per AHCCCS AMPM 950, Division Medical Policy Manual 950, and Provider Manual Chapter 48, Re-credentialing of Qualified Vendors is required at least every three years and is mandatory per the Qualified Vendor Agreement.

Qualified Vendors who fail to respond or provide the required documentation will be referred for Contract Action.

Qualified Vendors that have received notification should return the required documents in a timely manner.

Approval of re-credentialing after all required documents are received and information gathered is through the Credentialing Committee.

Questions about the Re-credentialing process can be sent to the [Credentialing Unit](#).

Portable Heater and Carbon Monoxide Safety

Arizona is experiencing an unseasonably cold winter. In some areas, homes and other buildings are not designed for these colder temperatures and may not have adequate heating sources. For this reason, people may be relying on alternative heating sources. If doing so, it is important to ensure compliance with applicable rules while maintaining the safety of all involved.

The links below regarding portable heat sources, carbon monoxide detectors, and related safety concerns describe the requirements for group homes, supported developmental homes, and day support service settings.

Group Home Rules: Pg 8

https://apps.azsos.gov/public_services/Title_09/9-33.pdf

Supported Developmental Homes, and Day Support Service Settings Rules: pg 7–8 <https://des.az.gov/sites/default/files/legacy/dl/LCR-1036A.pdf?time=1737648799133>

NCI Update

The 2025 Sarah Taub Memorial NCI Webinar – Empowering Choice: Exploring Self-Direction Experience and Outcomes among National Core Indicators Respondents – was presented on January 29, 2025. If you weren't able to join the Sarah Taub webinar on 1/29, don't worry! The recording, slides, transcript, and more can be found on the [NCI website](#).

National Core Indicators (NCI) is the most comprehensive and representative source of data on the characteristics and outcomes of people with disabilities and older adults who use long-term services and supports (LTSS). In 2022-2023, NCI surveyed over 40,000 older adults and people with disabilities using state-funded long-term services and supports. The HSRI and NASDDDS teams were joined by panelists from Applied Self Direction and state partners to showcase data that explores choice and control, with a focus on self-direction data and the outcomes and experiences of those self-directing their services who participate in both the NCI-IDD and NCI-AD surveys.

The findings shared in this webinar can improve understanding of where there are gaps in access to and quality of supports for self-direction, and can be used to inform LTSS policy and practice.

Please join the NCI and NADSP teams for an upcoming webinar, “[Informing Workforce Development Strategies: The DSP Experience Inside and Outside the Workplace](#),” on March 12, 2025, from 3:00 p.m. to 4:00 p.m. EST.

The National Alliance for Direct Support Professionals (NADSP) is an organization that works to improve the quality of support for people with disabilities. NADSP offers certification, training, and other services to direct support professionals (DSPs).

In this webinar, NADSP and NCI will share data on the direct support experience both inside and outside the workplace. Dr. Jennifer Cohen will present her research on DSPs’ experiences with food and housing insecurity in New York State. The second part of the presentation will review findings from the 2023 NCI State of the Workforce Survey, covering DSP turnover, tenure, wages, benefits, and other key metrics. The webinar will conclude with a discussion on how this information can be used to inform workforce development strategies. Live captions, ASL, and Spanish interpretation will be provided. [Register here!](#)

Questions about the National Core Indicator Surveys can be sent to NCISurveys@azdes.gov.

Thank you for continuing to support the members and for ongoing collaboration with the Division.

If you have any questions, please contact the DDD Customer Service Center at 1-844-770-9500 ext. 1 (TTY/TDD 711) or DDDCustomerService-Providers@azdes.gov.

Please send Incident Reports to the appropriate District email below:

- District Central - DDDCentralIR@azdes.gov
- District East - DDDEastIR@azdes.gov
- District North - DDDDistrictNorthIncidentReports@azdes.gov
- District South - DDDD2IR@azdes.gov
- District West - DDDWestIR@azdes.gov