



Policy Update - April 8, 2026

Target Audience - Qualified Vendors and Providers

Transmittal Date - 04/08/2026

The DDD Policy Unit published new and revised policies on Wednesday, April 8, 2026. The policies are available on the [Division's Policy webpage](#).

New Policy

[Division Medical Policy 820 Fee-for-Service Authorization Requirements](#)

This policy outlines the process for Fee-for-Service (FFS) Prior Authorization (PA) requirements for covered services for Tribal Health Program (THP) Members.

Revised Policies

[AdSS Medical Policy 310-L Hysterectomy](#)

This policy has been revised to align with current AHCCCS Contractor Policy Manual (AMPM) changes. Revisions include:

- Updated definitions
- Added new requirements specific to medical necessity
- Added a new requirement pertaining to the completion of a consent and acknowledgment forms
- Deleted requirement for the AdSS to cover potentially life threatening conditions where removal of the reproductive organs is necessary and considered the standard of care
- Deleted the requirement requiring providers to complete AMPM Attachment 820-A prior to performing Hysterectomy procedures
- Formatted to align with Policy Unit standards

[Division Medical Policy 310-L Hysterectomy](#)

This policy has been revised to align with the AMPM changes. These revisions include:

- Updated definitions
- Added new requirements specific to medical necessity
- Added a new requirement pertaining to the completion of a consent and acknowledgment forms
- Deleted requirement for the AdSS to cover potentially life threatening conditions where removal of the reproductive organs is necessary and considered the standard of care
- Deleted the requirement requiring providers to complete AMPM Attachment 820-A prior to performing Hysterectomy procedures
- Formatted to align with Policy Unit standards

[Division Medical Policy 310-BB Transportation for Physical and Behavioral Health Services](#)

This policy was updated to align with the recent AMPM changes. Revisions include:

- Added a definition for Planning Document
- Added a new section outlining the requirements for Covered Transportation Services
- Added additional conditions that the Division must follow when covering medically necessary Non-Emergency Medical Transportation (NEMT) services.
- Added a new section outlining the requirements for Non-Medical Transportation
- Added a Supplemental section
- Formatted to align with Policy Unit standards

[AdSS Medical Policy 960 Quality of Care Concerns](#)

This policy was updated to align with the recent AMPM changes. Revisions include:

- Updated definitions
- Replaced “Health Care Decision Maker” with “Responsible Person” throughout the policy
- Added language regarding reporting pending onsite visits to the Division
- Clarified timelines
- Updated types of documentation to be entered into the QM Portal
- Formatted to align with Policy Unit standards

[Division Medical Policy 960 Quality of Care Concerns](#)

This policy was updated to align with the recent AMPM changes. Revisions include:

- Updated definitions
- Replaced “Health Care Decision Maker” with “Responsible Person” throughout the policy
- Clarified timelines
- Updated types of documentation to be entered into the QM Portal
- Removed duplicative information currently provided in Provider Chapter 70
- Updated “Office of Individual and Family Affairs” to “Community, Advocacy, Resolution, Engagement, and Support Administration”
- Formatted to align with Policy Unit standards

[AdSS Medical Policy 961 Incident, Accident, and Death Reporting](#)

This policy was updated to align with the recent AMPM changes. Revisions include:

- Updated references
- Updated definitions
- Added standards detailing requirements for Providers
- Added standards detailing AHCCCS QM Portal requirements
- Added standard detailing incident reporting requirement compliance
- Removed references not applicable to the AdSS policy
- Added standard detailing Provider disclosure
- Added a section to separate AdSS Quality Management Responsibilities
- Added references to appropriate AdSS Medical Policies
- Added references to appropriate A.R.S. statutes

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- Added references to appropriate A.R.S. statutes

[AdSS Medical Policy 1024 Drug Utilization Review](#)

This policy was updated to align with the recent AMPM changes. Revisions include:

- Added several new policy statements under the Drug Utilization Review Requirements section
- Added a new section for Minimum Monitoring Requirements
- Added a new section for Minimum Intervention Requirements
- Added a new section for Reporting Requirements
- Deleted the section on concurrent Utilization Review
- Deleted the section on Retrospective Utilization Review
- Deleted the section on Prospective Utilization Review
- Deleted the section on PA Clinical Guidelines
- Deleted the section on Provider Educational Interventions
- Deleted the section on Exclusive Pharmacy or Exclusive Provider Program
- Deleted the section on Opioid Utilization

[Division Medical Policy 1024 Drug Utilization Review](#)

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- Deleted the section on PA Clinical Guidelines
- Deleted the section on Provider Educational Interventions
- Deleted the section on Exclusive Pharmacy or Exclusive Provider Program
- Deleted the section on Opioid Utilization
- Updated the section for Division Oversight of the AdSS

[Division Medical Policy 1240-A Attendant Care and Homemaker \(Direct Care Services\)](#)

This policy was revised to include a prohibition on subcontracting monitoring visits and supervision. Additionally, the requirement to complete the criminal history self-disclosure was changed from every 3 years to annually.

Policy Public Comment

The Division is currently accepting public comments regarding Division policies. The policy revisions can be found on the [Policy page](#) of the Division's website. This form, <https://forms.gle/4MGCsdyKTRPJna3m9>, can be used to submit public comments.