



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD

Policy Notification - June 12, 2024

Target Audience - Qualified Vendors and Providers

Transmittal Date - 6/12/2024

The Division of Developmental Disabilities Policy Unit has **four new policies** and **seven revised policies** to report this week. Policies may be viewed by accessing the Policies screen located on the Division's [external website](#).

NEW POLICIES

[Division Medical Policy Manual 963 Peer and Recovery Support Service Provision Requirements](#)

This new Division policy has been created to provide guidance to provide Division oversight of their Administrative Services Subcontractors provision of Peer Support Services within their programs.

This policy outlines Division oversight of the AdSSs provision of Peer Support Services within AdSS programs, including qualifications, supervision, continuing education, and training/Credentialing of Peer and Recovery Support Specialists (PRSS).

[Division Medical Policy Manual 964 Credentialed Family Support Partner Requirements](#)

This new Division policy has been created to provide guidance for the Division when providing oversight of Administrative Services Subcontractors in their administration of training and credentialing standards for individuals seeking employment as a Credentialed Family Support Provider. This policy also outlines program approval requirements.

[Division Medical Policy Manual 969 Collaborating with Peers and Families](#)

This new Division policy was developed to separate out language from Division Medical 964 in order to better clarify programmatic direction.

This policy:

- Sets forth guidance for the Division's OIFA in providing oversight to the AdSSs when collaborating with Member Peers and Families, outlining expectations of interactions with Peer Run Organizations and Family Run Organizations.
- Includes guidance on Division OIFA participation in Committees.

AdSS Medical Policy Manual 969 Collaborating with Peers and Families

This new AdSS policy was developed to separate out language from AdSS Medical 964 in order to better clarify programmatic direction.

This policy:

- Sets forth guidance for AdSS OIFAs when collaborating with Member Peers and Families, outlining expectations of interactions with Peer Run Organizations and Family Run Organizations.
- Includes guidance on AdSS OIFA participation in Committees.

REVISED POLICIES

Division Operations Policy Manual 412 Claims Recoupments and Refunds

Division Operations 412, Claims Recoupment and Refunds, was revised with the following changes:

- Updates the definitions section.
- Updates the requirements for adjustments, recoupments, and data processes for recoupments and refunds.
- Updates the document to align with DDD's policy formatting standards.

AdSS Operations Policy Manual 412 Claims Recoupments and Refunds

AdSS Operations 412, Claims Recoupment and Refunds, was revised with the following changes:

- Updates the definitions section.
- Updates the requirements for adjustments, recoupments, and data processes for recoupments and refunds.
- Updates the document to align with DDD's policy formatting standards.

AdSS Operations Policy Manual 434 Coordination of Benefits and Third Party Liability

AdSS Operations 434, Coordination of Benefits and Third Party Liability, was revised with the following changes:

- Updates the definitions section.
- Updates Third Party Liability requirements to align with current requirements in ACOM 434.
- Updates the document to align with DDD's policy formatting standards.

Division Medical Policy Manual 940 Medical Records and Communication of Clinical Information

This policy has been revised to establish the Division of Developmental Disabilities (DDD) requirements for protection of Member information, documentation requirements for Member physical and behavioral health records, and specifies record review requirements including the use of Electronic Health Records (EHR) and external health information systems to include:

- Added a statement about Medical Records being available to individuals authorized according to policies and procedures as permitted by law.
- Added a statement for the Division to require Providers who distribute information electronically indicate the information is available in paper format upon request.
- Added a statement when telemedicine is conducted, records clearly identify that the visit is a telemedicine visit.
- Added a statement where the Division shall require Providers to identify the treating or consulting Provider as a Member may have more than one medical record kept by various physical or behavioral health care providers that have rendered services.
- Added a statement where Behavioral health history and information received from an AHCCCS Contractor, TRBHA, or other Provider involved with the Member's behavioral health care, even if the Provider has not yet seen the assigned Member.
- Added a statement for evidence that PCPs are utilizing and retaining developmental screening tools and conducting developmental and Autism Spectrum Disorder (ASD) screenings at required ages, as specified in AMPM Policy 430.
- Changed "Tracking Form" to "Clinical Sample Templates"
- Added a statement for documentation to reflect maternity care providers screen all pregnant Members once a trimester through use of the CSPMP database.
- Added a statement for the Division requiring general clinical information that includes supplemental CFT or ART documentation and updates; and additional assessment or screening documentation that provides further evidence to ensure Member's needs are being identified through either standardized assessment or screening tools.
- Changed "Hard Copy" to "Paper Format"
- Added a statement where additional service plans from other entities involved with the Member that include Service or treatment plans from other providers, Person Centered Service Plans (PCSP)s, Individual Education Plan (IEP) from Arizona Department of Education, and Service plans from Arizona Department of Corrections (ADOC), or Arizona Department of Juvenile Corrections (ADJC).
- Added a statement where deficiencies identified are shared with all health plans contracted with the Provider.
- Added a statement where notification is given within 24 hours in order to conduct an independent onsite Provider audit if quality of care issues are identified during the Medical Record review process.
- Added a statement where the Division shall have policies and procedures in place for the use of electronic physical and behavioral health Medical Records and for Health Information Exchange (HIE) via the State's Health Information Organization (HIO) and digital signatures.
- Added a statement where Medical Records or copies of Medical Records are forwarded to the new PCP treating behavioral health Provider(s) or entity(ies) involved in the Member's care, within 10 business days from receipt of the request for transfer of the Medical Records.
- Added a statement where an audit of Providers that serve as the PCP to include Pediatricians, Internists, and Obstetricians/Gynecologists (OB/GYNs)
- Added a statement for evidence of coordination and collaboration with other providers or community stakeholder agencies.

- Added a statement for Evidence of assisting the member with identification of Social Determinants of Health (SDOH) or Health Related Social Needs (HRSN)
- Added a statement where deficiencies identified are shared with all health plans contracted with the Provider and notification is given within 24 hours in order to conduct an independent onsite Provider audit if quality of care issues are identified during the Medical Record review process.

AdSS Medical Policy Manual 940 Medical Records and Communication of Clinical Information

This policy has been revised to establish the Administrative Services Subcontractors (AdSS) requirements for protection of Member information, documentation requirements for Member physical and behavioral health records, and specifies record review requirements including the use of Electronic Health Records (EHR) and external health information systems to include:

- Added a statement about Medical Records being available to individuals authorized according to policies and procedures as permitted by law.
- Added a statement for the AdSS to require Providers who distribute information electronically indicate the information is available in paper format upon request.
- Added a statement when telemedicine is conducted, records clearly identify that the visit is a telemedicine visit.
- Added a statement where AdSS shall require Providers to identify the treating or consulting Provider as a Member may have more than one medical record kept by various physical or behavioral health care providers that have rendered services.
- Added a statement where Behavioral health history and information received from an AHCCCS Contractor, TRBHA, or other Provider involved with the Member's behavioral health care, even if the Provider has not yet seen the assigned Member.
- Added a statement for evidence that PCPs are utilizing and retaining developmental screening tools and conducting developmental and Autism Spectrum Disorder (ASD) screenings at required ages, as specified in AMPM Policy 430.
- Changed "Tracking Form" to "Clinical Sample Templates"
- Added a statement for documentation to reflect maternity care providers screen all pregnant Members once a trimester through use of the CSPMP database.
- Added a statement for the AdSS requiring general clinical information that includes supplemental CFT or ART documentation and updates; and additional assessment or screening documentation that provides further evidence to ensure Member's needs are being identified through either standardized assessment or screening tools.
- Changed "Hard Copy" to "Paper Format"
- Added a statement where deficiencies identified are shared with all health plans contracted with the Provider.
- Added a statement where notification is given within 24 hours in order to conduct an independent onsite Provider audit if quality of care issues are identified during the Medical Record review process.
- Added a statement where the AdSS shall ensure electronic information to Members is available upon request as specified in contract.

- Added a statement where the AdSS shall require Providers to safeguard the privacy of Medical Records and information about Members who request or receive services from AHCCCS or its contractors consistent with 9 A.A.C. 22, Article 5.
- Formatting to align with Policy Standards.

Division Medical Policy Manual 1023 Disease/Chronic Care Management

This policy was revised to align with recent changes to AMPM 1023 and as part of the Division's work to be accredited by the National Committee for Quality Assurance (NCQA). Language and formatting was revised throughout the policy to align with current Policy Unit Standards. The section for "Oversight and Monitoring" was expanded. Definitions were added for "Care Management", Disease/Chronic Care Condition, "Fatal Five", "Long COVID" and "Service Provider" were added. The definition for "Person Centered Service Plan" was removed.

AdSS Medical Policy Manual 1023 Disease/Chronic Care Management

This policy was revised to align with recent changes to AMPM 1023. Language and formatting was revised throughout the policy to align with current Policy Unit Standards. Removed the section for "Oversight and Monitoring" and moved the information to the section for "Roles and Responsibilities". Definitions were added for "Care Management", Disease/Chronic Care Condition, "Fatal Five", "Long COVID" and "Provider" were added. The definition for "Person Centered Service Plan" was removed.