



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD

POLICY UPDATE

Target Audience - Qualified Vendors and Providers

Transmittal Date - 06/15/2022

The DDD Policy Unit published new and revised policies on Wednesday, June 15, 2022. The policies are available on the Division's [Policy webpage](#).

NEW POLICIES

[Provider Policy Manual Chapter 68 Advance Directives](#)

This policy has been developed to ensure processes are in place for hospitals, nursing facilities, hospice providers, residential service providers, and home health care or personal care services to comply with Federal and State laws regarding Advance Directives for adult members.

- Describes the purpose of the policy
- Defines "Adult Member," "Advance Directive," and "Conscientious Objections."
- Sets forth the Division's policy regarding member's right to have information regarding Advance Directives

[Provider Policy Manual Chapter 69 Advance Directives](#)

This is a new policy that provides information to DDD Qualified Vendors and providers about care coordination for DDD members. This includes information about DDD's care management program and care coordination with other government agencies.

REVISED POLICIES

[AdSS Medical Policy Manual 963 Peer and Recovery Support Services Provision Requirements](#)

This policy documents processes for monitoring the DDD Health Plans on curriculum review, implementation and oversight of Peer and Family Support Services. Updates include:

- Information added to correlate with the AMPM Peer and Recovery Support Service Provision Requirements
- Additional information pertaining to Peer and Recovery Support Specialist and Trainer Qualifications has been added.

[AdSS Medical Policy Manual 964 Credentialed Parent/Family Support Requirements](#)

This policy documents activities related to member and family member participation in decision making, quality improvements and enhancement of customer service. Updates include:

- Updated definitions list
- Additional information added regarding Peer and family involvement and participation.

[Provider Policy Manual Chapter 4 Covered and Non-Covered Services](#)

This policy has been updated to align with the requirements of the A.A.C. Title 9, Chapter 28, Articles 2 and 11, and the AHCCCS AMPM. Updates include:

- Updated definitions list
- Updated ALTCS title XIX to Medicaid

[Provider Policy Manual Chapter 6 Early and Periodic Screening, Diagnostic and Treatment](#)

This policy establishes provider requirements for the provision of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services. Updates include:

- Updated definitions list
- Additional information pertaining to Provider requirements has been added to better align with the Division's AdSS Medical Manual

[Provider Policy Manual Chapter 11 ALTCS Inquiries, Grievances, Claim Disputes, and Appeals](#)

This policy has been updated to provide guidelines for provider inquiries, grievances, claim disputes, State Fair Hearings (regarding Notice of Decision), appeals, and State Fair Hearings (regarding Notice of Appeal Resolution). Updates include:

- Added the purpose of the policy
- Added Definitions section and defined "Member Grievance," "Member Inquiry," "Provider Grievance," and "Provider Inquiry."
- Added "Member Inquiries," "Member Grievances," "Provider Inquiries," and "Provider Grievances" sections
- Removed "Grievances" section
- Updated "Provider Claim Disputes," "State Fair Hearings (Regarding Notice of Decision)," "Appeals," and "State Fair Hearings (Regarding Notice of Appeal Resolution)" sections.

[Provider Policy Manual Chapter 18 Medical Claims Review](#)

This policy has been updated to outline the requirements for Medical Claims Review by the Division or its subcontracted Health Plans. Updates include:

- Removed existing language of the policy
- Added the purpose of the policy
- Added Definitions section and defined terms used in the policy.
- Added "Medical Review," "Medical Review Process," "Requirements," "Denials," "Claims Submission and Provider Enrollment," "Reconciling Paid Claims," and "Time Frame for Initial Billing Submission and Resubmissions."

[Provider Policy Manual Chapter 23 Appointment Standards](#)

This policy establishes appointment accessibility and availability standards and establishes a common process to monitor and report accessibility and availability. Updates include:

- Updated definitions list
- Additional information pertaining to appointment requirements has been added to meet an AHCCCS requirement to align with ACOM 417 member appointment standards

[Provider Policy Manual Chapter 31 Transitioning Members Between DDD Health Plans](#)

This policy has been updated to provide clarification on when a member can change between health plans and who to contact to initiate the process. Updates include:

- Updated title to Transitioning Members Between DDD Health Plans from Change of Contractor
- Added DDD member services contact information for contractor change request
- Removed prelude

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.