

DIVISION OF DEVELOPMENTAL DISABILITIES

Sent on Behalf of DES/DDD

POLICY UPDATE - DECEMBER 4, 2025

Target Audience - Qualified Vendors and Providers

Transmittal Date -12/04/2024

The DDD Policy Unit published revised policies on Wednesday, December 4, 2024. The policies are available on the Division's <u>Policy webpage</u>.

REVISED POLICY

<u>Division Medical Policy 1620-A Initial Contact/Planning Meeting Standards</u>

This policy was revised to reflect National Committee for Quality Assurance standards, utilize person-centered practice language, and clarify the expectations for Planning Meetings and Person-Centered Needs Assessments. Revisions include:

- Changed the title to "Initial Contact/Planning Meeting Standards"
- Added additional and updated definitions.
- Replaced the term "visit" with "Planning Meeting" throughout.
- Added the requirement to educate the Responsible Person about fraud, waste, and abuse.
- Added clarity around monitoring Electronic Member Change Reports (eMCRs) submitted to AHCCCS until they are closed.
- Formatted to align with current Policy standards.

Division Medical Policy 1620-B Person-Centered Needs Assessment and Service Planning Standards

This policy was revised to reflect National Committee for Quality Assurance standards, utilize person-centered practice language, and clarify the expectations for Planning Meetings and Person-Centered Needs Assessments. Revisions include:

- Changed the title to "Person-Centered Needs Assessment and Planning Standards".
- Added additional and updated definitions.
- Replaced the term "visit" with "Planning Meeting" throughout.
- Updated language to support person-centered principles.
- Clarified and added required elements of completing a Person-Centered Needs Assessment.
- Clarified requirements for writing individualized and measurable goals.
- Added the requirement to educate the Responsible Person about fraud, waste, and abuse.
- Added the requirement for the Support Coordinator to request medical records from the primary care provider.
- Added the requirement to involve or consult with Clinicians as specified in the new Medical Manual 1620-P policy.

Formatted to align with current Policy standards.

Division Medical Policy 1620-D Person-Centered Service Planning and Placement Standards

This policy was revised to reflect National Committee for Quality Assurance standards, utilize person-centered practice language, and clarify the expectations for Planning Meetings and required elements of the Planning Document. Revisions include:

- Changed the title to "Person-Centered Service Planning and Placement Standards".
- Added additional and updated definitions.
- Updated language to support person-centered principles.
- Added statement that electronic signatures may be accepted in lieu of a wet signature
- Added the requirement to educate the Responsible Person about fraud, waste, and abuse.
- Clarified and added required elements of completing a Planning Document.
- Clarified requirements for writing individualized and measurable goals.
- Clarified the requirements related to completing EVV Member Contingency/Backup Plans or Emergency/Disaster Plans.
- Clarified who the Planning Document must be shared with.
- Added and clarified requirements for completing referrals and follow up on referrals to verify the Member received services.
- Formatted to align with current Policy standards.

Division Medical Policy 1620-E Service Plan Monitoring and Reassessment Standards

This policy was revised to reflect National Committee for Quality Assurance standards, utilize person-centered practice language, and clarify the expectations for Planning Meetings, required elements of the Planning Document, follow-up that occurs after Planning Meetings, and care coordination activities to support individuals who experience care transitions. Revisions include:

- Added additional and updated definitions.
- Replaced the term "visit" with "Planning Meeting" throughout.
- Updated language to support person-centered principles.
- Clarified the purpose of Planning Meetings.
- Added the requirement to educate the Responsible Person about fraud, waste, and abuse.
- Added the requirement for the Support Coordinator to request medical records from the primary care provider
- Clarified and added requirements for care coordination during Member Care Transitions.
- Add the requirement to involve or consult with Clinicians as specified in the Medical Policy Manual 1620-P.
- Formatting to align with Policy standards.
- Formatted to align with current Policy standards.

RETIRED POLICIES

Division Operations Policy 6001-H Records Storage and Security

 This policy has been retired as information can be found in Division Operations Policy 6007 Records Management. Division Operations Policy 6001-I Management and Maintenance of Records

• This policy has been retired as information can be found in Division Operations Policy 6007 Records Management.

POLICY PUBLIC COMMENT

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