

DDD SHOUT

VENDOR & PROVIDER NEWSLETTER

March 2025

Claims Payment Changes Effective April 7, 2025

As discussed during the public town hall meetings held on February 12, 2025, the Division continues to see an increase in members eligible for DDD services. As membership increases, the number of claims submitted by Qualified Vendors has increased proportionately. The Division is now processing more claims per month than it has at any time in the past. As outlined in [Section 4.1.1 of RQFVA DDD-2024](#), "Upon delivery of goods or services, the Qualified Vendor Shall submit a claim. Submission of the claim constitutes an affirmation by the Qualified Vendor that the claim is accurate. Nothing in this QVA requires the State to pay claims any sooner than thirty (30) Days after receipt of a Clean Claim."

Effective April 7, 2025, the Division will change claims payment processing to weekend batches to allow for system capacity and streamlining. Qualified Vendors may continue to submit claims per contract after services are provided. The change will be reflected in when the payments are delivered. See the table below for specifics.

Claims Submitted	Claims Processed	Claims Paid
Week 1	Week 2	Week 3
Week 2	Week 3	Week 4
Week 3	Week 4	Week 1 (the following month)
Week 4	Week 1 (the following month)	Week 2 (the following month)

The Division recognizes that this change will initially shift payments by two weeks but thereafter will allow payments to be made to Qualified Vendors on a regular payment cadence.

Workforce Development Plan Tool Survey

The [Division's Provider Manual Chapter 63 - Workforce Development](#) outlines the requirements for Qualified Vendors to develop and maintain an annual Workforce Development Plan. To support this requirement, in June 2024, the Division introduced the [Workforce Development Plan Tool](#), which is designed to assist Qualified Vendors in developing and maintaining an annual Workforce Development Plan. This resource was shared through the [DDD Workforce Development webpage](#) and in the [June 2024 Shout newsletter](#). The Division would like to thank those who have already utilized the tool and incorporated it into their planning efforts. As part of its continuous improvement efforts, the Division would like feedback on the tool to ensure it continues to meet Qualified Vendor needs.

The Division reviewed a random sample of provider Workforce Development (WFD) Plans, and after analyzing them, the WFD team identified several common threads. Many plans included valuable components such as agencies' mission and values, workforce goals, employee retention, and recruitment strategies, as well as

detailed information on incentives, onboarding processes, and training schedules. These elements align closely with the intent of Provider Manual Chapter 63, demonstrating thoughtful planning and a strong commitment to workforce development. However, the review also highlighted critical areas for improvement. Several plans did not include key data required under Chapter 63, including the number of licensed and unlicensed direct care service personnel, employee turnover rates, and employee retention rates. By addressing these gaps, providers can ensure their Workforce Development Plans are more comprehensive, fully aligned with regulatory requirements, and better positioned to support a sustainable workforce.

The Division is requesting that all Qualified Vendors complete a brief survey to share their insights and experiences using the Workforce Development Plan Tool. This feedback will help the Division refine and enhance the tool to better support Qualified Vendor success. Complete the [Workforce Development Tool survey](#) before March 31, 2025.

Qualified Vendors' feedback is invaluable, and the Division appreciates their time and input in shaping resources that strengthen workforce development efforts.

Qualified Vendors who have not used the tool should review the [Workforce Development Plan Tool](#) and complete the survey.

Questions related to Workforce Development should be sent to the [DDD Workforce Development Team](#).

Introduction to Limited English Proficiency

Nearly 8,000 individuals served by DDD identify as having Limited English Proficiency (LEP). Individuals with LEP do not speak English as their primary language and may have a limited ability to read, write, speak, or understand English. The Division and Qualified Vendors must ensure that people have equal access and opportunity to participate in programs and services.

The Civil Rights Act of 1964 Public Law § 88-352, 45 CFR 92.4 prohibits discrimination in government agencies. Per state and contractual requirements, the Division and Qualified Vendors must comply with Limited English Proficiency (LEP) regulations when serving members, families, and the public. Not offering adequate language services is considered a form of discrimination.

Qualified Vendors are responsible for providing language support while serving members/families or the responsible person. Per [Provider Policy Manual Chapter 26 Cultural Competency and Member and Family Centered Care](#), when working with LEP, a Qualified Vendor can:

1. Identify members of its workforce who speak the primary language of the DDD member,
2. Use qualified interpreters who are a part of the Qualified Vendor workforce, or
3. Provide language accessibility through a subcontracted qualified interpreter who communicates in the member's language, including American Sign Language.

The Division may reimburse qualified Vendors for subcontracting Qualified Interpreting services for non-prevalent languages to provide language assistance for members or the responsible person. The Division does not reimburse for interpretation of prevalent languages, such as English, Spanish, or Navajo. While Qualified Vendors coordinate this language reimbursement with DDD Support Coordination, they can simultaneously search for a language vendor.

The Division provides a list of language vendors on the website, though Qualified Vendors are not limited to this list. The list can be found on the [Qualified Vendors and Providers page](#) in the Cultural Competency and Language Accessibility expandable section.

Behavior Modifying Medications- Chapter 700

The updated [DDD Behavior Support Manual](#) went into effect on August 28, 2024. This month's update focuses on Behavior Modifying Medications.

Psychotropic Medications are behavior-modifying medications that affect mental status, behavior, or perception. Article 9 prohibits the use of PRN psychotropic medications by paid providers in HCBS settings if used for the purposes of controlling behavior as a chemical restraint if the dosage interferes with the member's daily living activities, and for members in a licensed setting, in the absence of a behavior plan.

If a member resides in a family home and is taking psychotropic medications, a behavior plan is not required, unless paid providers are utilizing other restricted techniques (forced compliance, restitution, rights infringement/restriction, protective devices).

Psychotropic Medications Frequently Asked Questions

Q: Is a behavior plan required for a member who is prescribed Melatonin for sleep?

A: No, for purposes of this policy, herbal remedies or supplements prescribed solely for sleep preparation, such as melatonin are not considered psychotropic.

Q: Is the planning team required to submit medication updates throughout the year to PRC?

A: No, this was a prior process but is no longer required. The Article 9 requirement is:

Ensure that each client receiving a behavior-modifying medication is screened for side effects, and Tardive Dyskinesia as needed, and that the results of such screening are:

- Documented in the client's case record;
- Provided immediately to the physician, responsible person, and ISPP team for appropriate action if the screening results are positive; and
- Provided to the Program Review Committee and the Human Rights Committee within 15 working days for review of screening results that are positive

This means that if a member has a medication review and there is a positive AIMS or adverse side effects, the PCSP team should inform PRC in writing within 15 days of the medication review by emailing the member's assigned PRC district mailbox.

Q: Do medication reviews require a signature?

A: Although it is considered best practice to require signatures on medication reviews, there is no current policy that requires this. The intention of the medication review is to ensure and verify that there are no adverse medication side effects and that data is being reviewed with the prescribing physician to evaluate the need for a possible reduction of behavior-modifying medication. In order to document this, the vendor should provide a copy of the medical notes/progress notes from the office visit (in-person or telehealth) from the prescribing physician. This will eliminate the need for agency-created forms and duplication of work by the prescriber and avoid the issue of prescribers being reluctant to complete outside forms.

Q: Is an AIMS test required?

A: No, the requirement is that the prescriber is screening for adverse side effects, this may include an AIMS screening or other written documentation that states there are no side effects.

Qualified Vendors with questions about the Behavior Support Manual or who would like to request technical assistance regarding a behavior plan should contact the [PRC Administration](#).

For Technical Assistance on plan submission requirements, please contact your PRC team for assistance. See links [PRC District Chair](#) or the [Administrative Assistants](#).

Are you looking to get more involved in the Developmental Disabilities Community? We need YOU! The DES Division of Developmental Disabilities (DDD) is looking for volunteers to serve on the Program Review Committees (PRC) and the Independent Oversight Committees (IOC). DDD has five districts throughout the state. Each district has an IOC and PRC that meet virtually. These committees review behavioral plans and incident reports to ensure the protection of member's rights, prevention of abuse, neglect, and exploitation, and that best practices are being followed. If you'd like to learn more, contact the DDD Volunteer Team at DDDVolunteers@azdes.gov, or fill out the Express Interest Form: <https://forms.gle/uRCUn3Dko5rW6FLd9>.

Day Services - Child Authorizations

With the implementation of RFQVA DDD-2024 on January 1, 2025, Day Services-Child replaced the services Day Treatment and Training-Child (Summer) and Day Treatment and Training-Child (After School). Day Services-Child. This service uses the Focus service code DTT and can be assessed anytime during the year.

When a member is assessed for DTT and does not have a vendor identified to use, the Support Coordinator will issue a vendor call for DTT services. The Division will no longer be creating a directory for summer programs only. Qualified Vendors may update their Provider Directory/Search information to include a summer program option.

Qualified Vendors with questions should contact the [Provider Network Support Unit](#).

2025 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA)

Developing a qualified, competent, and sufficiently staffed workforce continues to be a priority issue that impacts members, families, direct support professionals, providers, and Qualified Vendors. The Arizona Workforce Development (AWFDC) Coalition is launching the 2025 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) survey to help Managed Care Organizations (MCOs) understand the workforce needs.

The AHWGMA is a statewide data collection tool used to help the AWFDC by gathering organization-specific information, analyzing data, and assessing the current and future needs of the Arizona Network Workforce. The results of this process give insight into future funding opportunities, highlight where support is needed, and assist with the prioritization of initiatives/projects across the network.

The Division is requesting that all Qualified Vendors participate in this survey. The collected data will be used to drive future initiatives/projects across the state and support the Qualified Vendor Workforce Development requirements as outlined in the [Division's Provider Manual 63](#).

Register for the informational webinar or Q&A sessions for 2025's Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA).

Informational Webinar

This 60-minute webinar is designed to give a high-level overview of this statewide initiative, review the questions on this year's iteration of the assessment, and provide an opportunity to ask questions and gain a deeper understanding of the goals and metrics that are crucial for the success of the Arizona Healthcare Workforce.

[Register for the webinar](#) on March 25, 2025 from 1:00 pm - 2:00 pm AZ.

Q&A Sessions

This 30-minute Q&A session is designed to allow participants to ask questions about the 2025 AZ Healthcare Workforce Goals and Metrics Assessment (AHWGMA).

- [Register for April 16, 2025 @ 10-10:30 am AZ](#)
- [Register for April 24, 2025 @ 2-2:30 pm AZ](#)
- [Register for May 20, 2025 @ 10-10:30 am AZ](#)

The assessment period is scheduled to commence on April 1, 2025, and will conclude on May 31, 2025. Please visit the [AzAHP AHWGMA Webpage](#) for more information including the [AHWGMA Toolkit](#) where you can find pertinent information to support throughout this process.

Qualified Vendors with questions related to the Workforce Development requirements, should contact the [DDD Workforce Development Unit](#).

Policy Public Comment

The Division is currently accepting public comments for new and revised policies. Policies posted include a few from the Division Medical and Operations Policy Manuals as well as all of the policies in the Division's Behavior Supports Policy Manual. The policy revisions can be found on the [Policy page](#) of the Division's website and this form, <https://forms.gle/4MGCsdyKTRPjNa3m9>, can be used to submit public comments.

Get Caught Up

Did you know the Division posts [vendor announcements and editions of the Shout](#) on the web? Get caught up and stay informed on all of the recent vendor communications.

Report Fraud, Waste, Abuse and Misconduct

Report to DDD:

- Call DDD at 1-877-822-5799
- Send an email to dddfwa@azdes.gov
- Send a letter to DES/DDD
- Attn: Corporate Compliance Unit
1789 W Jefferson St.
Mail Drop 2HA1
Phoenix, AZ 85007
- Complete this [online form](#).

Report to AHCCCS

- Provider Fraud
 - In Arizona: 602-417-4045
 - Outside Arizona: 1-888-ITS-NOT-OK (1-888-487-6686)
- Report Member Fraud:
 - In Arizona: 602-417-4193
 - Outside Arizona: 1-888-ITS-NOT-OK (1-888-487-6686)
- If you have questions about AHCCCS fraud, abuse of the program, or abuse of a member, email the AHCCCS Office of Inspector General (OIG) at AHCCCSFraud@azahcccs.gov.