



DDD SHOUT

QUALIFIED VENDOR AND PROVIDER NEWSLETTER

June 2025

Qualified Vendor Action Required-Compliance for the Parents as Paid Caregiver for Minor Members Service Model

On April 24, 2025, the state Legislature passed House Bill 2945, which was [signed into law by Governor Hobbs on April 25, 2025](#). Along with providing needed supplemental funding for the DDD program, HB2945 also conveyed several requirements related to the Parents as Paid Caregiver (PPCG) service model including that **a parent may only be employed by a single service provider agency to provide services under the PPCG service model. If more than one parent supports a minor member, both parents must be employed by a single Qualified Vendor agency. This requirement will be in force no later than July 1, 2025.**

As announced several months ago, there is also a **limit of 40 hours of service delivery by a PPCG per member per week, which will also take effect on July 1, 2025. The 40-hour limit is any combination of parents and any combination of Habilitation (HAH) or Attendant Care (ATC).** If more than 40 hours of care are needed, then an alternate caregiver must be identified to deliver the care.

Qualified Vendors must work with parents utilizing the Parents as Paid Caregivers service model to identify the one Qualified Vendor agency the parent provider(s) would like to continue working with for no more than a combined 40 hours per member per week. Please note that other Qualified Vendor(s) may continue delivering care to the member with an alternate, non-parent provider.

Qualified Vendors are responsible for providing all authorized service hours and must develop a plan before July 1, 2025 and share it with the Division, to identify alternate caregivers for coverage of any combined hours (any combination of parent(s) and any combination of Attendant Care and Habilitation over 40 currently being provided by parents utilizing the Parents as Paid Caregivers service model.

Qualified Vendors must ensure their employees/subcontractors who are parents utilizing the Parents as Paid Caregivers service model do not work for another Qualified Vendor while providing services under the Parents as Paid Caregivers service model. Qualified Vendors must implement corrective and preventative measures to ensure they are compliant with [HB 2945](#).

To support Qualified Vendors in recruiting required alternate caregivers the Division has also developed a [Provider Workforce Development toolkit](#) with some helpful information regarding the Provider Development Workforce efforts to help with provider recruitment efforts and individual workforce development for members with live-in caregivers.

Refer to the FAQs for [AHCCCS Parents as Paid Caregivers of Minor Children](#) for additional information regarding the Parents as Paid Caregivers service model.

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

AHCCCS and DDD Parents as Paid Caregivers Policies Open for Public Comment

AHCCCS and DES/DDD are proposing revisions to their policies that impact the Parents as Paid Caregiver (PPCG) service model. These revisions include commitments made to CMS in the 1115 Waiver proposal. They also include terms and conditions of the state's authority approval and recent legislation (HB 2945).

On Friday, May 9, 2025, AHCCCS opened its impacted policies for public comment. The DES/DDD policies opened for public comment on June 9, 2025. Both agencies are collecting public comments to streamline the process for stakeholders.

The revised AHCCCS policies are open for public comment on the [AHCCCS policy public comment website](#). The document [AHCCCS and DDD Joint Agency Communication](#) provides details on how to submit public comments. DDD is revising its policies to align with AHCCCS. These policies are also available for public comment on the [Division's Policy webpage](#). Public comments are being shared between agencies so Qualified Vendors interested in providing public comment do not need to submit comments for both AHCCCS and DDD policies.

Incident Reporting Process Change – Effective November 1, 2025

On December 5, 2024, the Division released the [Incident Reporting Process Change Survey](#) to solicit feedback on the Division's change to the incident reporting process. This change would require Qualified Vendors (QV) to directly submit all reportable incidents as defined in Division Medical Manual 961 and Division Provider Manual Chapter 70 directly into the AHCCCS QM Portal. After careful consideration, the Division will **require Qualified Vendors and Providers to enter all reportable incidents into the [AHCCCS QM Portal](#) beginning November 1, 2025.**

The Division established this implementation date to allow time for Qualified Vendors and Providers to train staff and make any necessary changes to their processes, as QVs indicated was necessary in the survey results. Incidents being reported on or after November 1, 2025 must be submitted directly to the AHCCCS QM Portal. Qualified Vendors must continue using existing processes to submit incident reports directly to the Division through October 31, 2025.

Qualified Vendors and Providers must review the AHCCCS QM Portal User Guides (below) which detail the steps required to enter, review, and approve reportable incidents within the AHCCCS QM Portal.

- [Incident Accident Death Submission User Guide](#)
- [Incident Accident Death Return User Guide](#)
- [Incident Accident Death Approval User Guide](#)

Over the next several weeks, the Division will communicate a schedule for virtual Question & Answer and technical assistance sessions to help prepare QVs for this change. Additionally, the Division will create a User Guide and Frequently Asked Questions that will be published on the Division's website.

For Questions about this change please contact the [Division's Chief Quality Officer](#).

Claims Corner

This month the Division is launching the first Claims Corner segment in the Shout newsletter. Monthly, this segment will share information with Qualified Vendors about identified trends related to non-compliant claims submissions and billing practices. This first segment is focused on non-compliant claims submission trends for therapy services.

Billing Incorrect Service Rates

Therapy services must be billed in accordance with DDD's Rate Book requirements. These include:

- Service Settings
 - Clinical Setting: This setting type includes the provider's office or central location and requires the member to travel to the provider to receive services.
 - Natural Setting: This setting type includes the member's home and community settings, such as a park, restaurant, child care provider, etc. in which persons without disabilities participate.
 - Teletherapy Setting: Use this setting type when services are provided through a virtual platform like Google Meets, Microsoft Teams, Zoom, etc.
- Geographic Adjustments
 - Therapy services may be billed at adjusted rates (Tiers) based on geographic location related to medically underserved areas.
 - All Geographic Adjustments (Tiers) are listed in DDD's Rate Book with an appendix designating zip codes by Tier level.
 - Geographic adjustments are only applicable to ongoing therapies.
- Professional Licensure
 - Separate billing rates are listed in DDD's Rate Book to indicate correct service rates based on provider licensure status (e.g. licensed therapists or therapy assistants).

It is imperative that all Qualified Vendors and provider staff incorporate all service rate requirements when determining appropriate service rates to be used in claims submissions. They must bill the appropriate service setting rate **AND** appropriate geographic adjustment/tier **AND** appropriate licensure status. Any claim that includes even one inaccurate requirement is considered non-compliant and subject to recoupment by the Division.

Reminder, member therapy no-call/no-shows are NOT a billable service as outlined in the Rate Book.

These resources are available to help Qualified Vendors and providers as needed:

- [DDD Rate Book](#)
- [Provider Manual Chapter 37 - Therapy Services \(Occupational, Physical, and Speech-Language\)](#)
- [Provider Manual Chapter 35 - Reporting Requirements for Progress Reports and Other Documentation](#)
- [DDD Providers Coding Guide - Rate Book Companion](#)

Behavior Plan Performance Improvement Project

As announced in the [DDD Shout Vendor & Provider May Newsletter](#), the Division has been working on a Behavior Plan Performance Improvement Project.

The Division has identified members without compliant Behavior Plans. Over the next several months, the Provider Network Support Team will begin contacting the Qualified Vendors supporting members who need a current Behavior Plan and requesting corrective action. As a reminder, Qualified Vendors are responsible for writing behavior plans in most cases, as stated in the [Behavior Supports Manual](#). Failure to write and maintain current behavior plans is contractual non-compliance and may result in contract action as outlined in RFQVA DDD-2024.

Qualified Vendors who have questions about:

- A Request for Corrective Action received should contact the [Provider Network Support Team](#).
- A specific member's plan should contact that member's Support Coordinator.
- PRC scheduling, modifications, or status updates should send an email to the DDD PRC inbox for their respective district, and a PRC Chair or Admin Assistant will respond.
 - District East: dddeastprc@azdes.gov
 - District West: dddwestprc@azdes.gov
 - District Central: dddcentralprc@azdes.gov
 - District North: dddnorthprc@azdes.gov
 - District South: dddsouthprc@azdes.gov

Qualified Vendors can contact the PRC District Chair or the Administrative Assistants from the [Statewide PRC Contact Information list](#).

Qualified Vendors who need technical assistance on writing a behavior plan should contact the PRC Administration at dddprcadministration@azdes.gov.

Available Resources:

- PRC Monthly Update in the [Shout Qualified Vendor and Provider newsletter](#)
- Behavior Plan Writing Workshop [Course Schedule](#)

Reimbursement Process for ASL and CDI

Qualified Vendors (QV) are responsible for ensuring all members and their families with Limited English Proficiency (LEP) receive services in their preferred language. This includes providing American Sign Language (ASL) and/or the use of a Certified Deaf Interpreter (CDI) when needed.

A CDI is a deaf or hard-of-hearing individual who has specialized training that enhances their communication, especially in situations where the member or family may not use standard ASL. An ASL interpreter and a CDI may work together to meet the individual's language needs.

A QV may subcontract with a Qualified Interpreting agency if it does not have a staff member who is able to communicate with an individual needing ASL or CDI. The Division provides a list of language vendors on the [Qualified Vendor and Provider webpage](#) in the Cultural Competency and Language Accessibility tab the QV may utilize for interpretation services. However, QVs are not limited to this list and may contract with any language vendor.

The QV should contact the member's Support Coordinator to assist with an authorization that would allow for reimbursement of language services through WellSky. QVs can learn more about this process by reviewing [Provider Policy Manual Chapter 26 Cultural Competency and Member and Family Centered Care](#).

The reimbursement process can also be used when a QV subcontracts for a non-prevalent language. DDD does not reimburse for English, Spanish, or Navajo. This reimbursement process does not cover staff hired by QVs to communicate with members in their preferred language.

Survey Results & Tool Updates - Workforce Development Plan Tool

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. On March 4, 2025, the

Division [published a Workforce Development Tool survey](#) and requested that all Qualified Vendors complete it to share their insights and experiences using the Workforce Development Plan Tool. Thank you to all Qualified Vendors who participated in the survey.

The purpose of the survey was to gather feedback on the tool's usability, clarity, and alignment with Provider Manual Chapter 63 requirements while identifying areas for improvement that better support workforce planning across the network.

The survey results have been reviewed and analyzed. A summary of the survey results can be accessed through the [DDD Workforce Development webpage](#). Responses from vendors highlighted several important themes:

- 67% of respondents used the Workforce Development Plan Tool, and most found it helpful in understanding Provider Manual Chapter 63.
- Smaller agencies expressed a need for more tailored support and clearer guidance.
- 2,624 parents were identified as paid caregivers to minors, with 200 providing over 40 hours of care per week.
- Providers requested simplified language, metric-tracking support, and inclusion of Parents as Paid Caregivers (PPCG).

As part of the ongoing implementation of the Parents as Paid Caregivers (PPCG) service model requirements resulting from the passage of [House Bill 2945](#), the Division is introducing a new member-specific workforce development plans (MS-WFDPs) requirement. The components of these plans should be included in each Qualified Vendor's overall workforce development plan.

The organizational WFD plan should reflect aggregated insights from the individual MS-WFDPs. The Division is working to update the Workforce Development Plan Tool to:

- Incorporate a dedicated PPCG section
- Support agencies in tracking parent caregiver hours relative to the 40-hour maximum
- Assist with planning transitions to alternate DSP support where applicable, aligned with caregiver preferences

The updated tool will include new planning sections to assist providers with these requirements. Additional resources and guidance will be developed and shared as they become available.

The Division has also published a Provider Workforce Development toolkit available on the same [webpage](#) with helpful information regarding Workforce Development efforts to help with provider recruitment efforts.

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

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.