



DDD SHOUT

QUALIFIED VENDOR AND PROVIDER NEWSLETTER

July 2025

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 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 of November 1, 2025 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](#).

Behavior Supports Manual Revisions- Chapter 500 Planning Team Responsibilities

This month's Behavior Supports Manual update focuses on [Chapter 500 Planning Team Responsibilities](#).

- The following must be discussed if the Planning Team identifies the need for a behavior plan (BP):
 - Is a referral needed for Behavioral Health services?
 - Determine who is responsible for writing the behavior plan.
 - The Planning Team may make a referral to a Behavior Health professional (BHP) for the completion of a Functional Behavior Assessment (FBA) if the severity of behaviors are beyond the scope of the Service Provider or a behavior plan shows limited progress.
 - Identify the focus or Target Behaviors to be addressed in all settings in the behavior plan.
 - Determine who will complete and submit the required supporting documents.
 - Identify the due date of the behavior plan.
- The Support Coordinator will document on the action plan in the member's planning document all

items needed to complete the behavior plan, who is responsible for each task, and who is responsible for submitting the behavior plan to PRC within the required timeframe.

- The PRC Chair or Division's Behavior Analyst can provide technical assistance upon request.
- The author will distribute the completed (not yet approved) behavior plan to the planning team members for review.
- The planning team will review and complete the team agreement, or request changes, then the responsible planning team member will submit the BP to PRC for review.
- The planning team member submitting the plan to PRC will also submit the behavior plan packet (behavior plan and supporting documents) to PRC via email, copying the Support Coordinator.
- After the PRC review, the planning team will coordinate with the author any revisions required, and ensure the responses are submitted on time.
- The Support Coordinator will file the PRC-approved behavior plan along with PRC dispositions in the member's permanent file and distribute it to the team.
- The Support Coordinator will ensure the goals and objectives of the behavior plan are incorporated into the Planning Document,
- The behavior plan author will provide initial training to the identified Service Provider's designee in the settings the behavior plan will be implemented.
- The Service Provider designee will train all current and any new staff that will be responsible for implementing the behavior plan.
- The Service Provider designee will report the behavior plan goal progress/target behavior data monthly to DDD (see Chapter 35 of the Provider Manual).
- The Support Coordinator will track due dates for the annual PRC review and communicate with the planning team as appropriate.
- The Support Coordinator will review the following in the behavior plan at a minimum every 90 days:
 - Target behavior data
 - Incident reports
 - Changes in behavior
 - If the member is meeting behavior plan goals, reconvene the planning team to discuss if changes are needed and/or if fading of restrictions is necessary.
 - If changes to the behavior plan are needed, the author must submit revisions to the PRC Chair following the team's agreement.
- The planning team should reconvene as soon as possible, but not later than 30 days, if:
 - Two or more emergency measures were used in one month or,
 - If a pattern is identified.
- If the member has an FBA, those findings should be incorporated into their behavior plan. The planning team will ensure the member does not have a behavior plan approved by PRC and a separate FBA/ Behavior Plan actively implemented at the same time.

Qualified Vendors with questions about the Behavior Support Manual or who need technical assistance regarding a behavior plan should email the [PRC Administration](#).

Qualified Vendors should contact their PRC team for Technical Assistance on plan submission requirements. See links [PRC District Chair](#) or the [Administrative Assistants](#).

Claims Corner

Out-of-State Service Provision

As outlined in [Provider Policy Manual 65 - Providing Out of State Services](#), Qualified Vendors are responsible for notifying the member's Support Coordinator and informing the Responsible Person to notify the member's Support Coordinator when a member tells them they want to travel out of state with paid supports. If the member requires nursing services while out of state, the Qualified Vendor must ensure the nursing provider(s) is licensed in the state(s) they are traveling to with the member. Qualified vendors (QVs) are required to request and receive approval from the Division **BEFORE** providing any out-of-state services to DDD members. Once notified of a member's intent to travel, the Support Coordinator will conduct a meeting with the Responsible Person, the Qualified Vendor, and the District Nurse or other representatives from Health Care Services to complete an assessment to approve or deny the request for services while out of state. This meeting **must be completed** prior to the member traveling. Qualified Vendors should not allow the DSP to provide paid support when the member travels out of state if the meeting has not occurred. Discussion and agreements will be documented in the planning document and Qualified Vendors will receive a copy of the planning document directly from the Support Coordinator.

As a reminder, the Division does not cover Medicaid services, including emergency medical care and HCBS, for a Member traveling anywhere outside the United States.

Updates On Third Party Liability (TPL) Billing Requirements

In recent weeks, the Division has worked with vendors and stakeholders to get feedback on Third-Party Liability claims that involve Medicare and therapy services. On July 11, 2025, the Medicare Part B and C and Medicare HMO, TPL edit **for therapy services** that was implemented in April 2025 **was removed** from the WellSky/Focus system.

Impacted Qualified Vendors should replace existing claims that were previously denied. Qualified Vendors who need assistance on how to process claim replacements in WellSky should review the [WellSky Training Videos](#).

The Division will adjust claims that may have applicable interest payments in accordance with [Division Operations Policy 203 Claims Processing](#). Therapy providers will need to replace these impacted claims by August 9, 2025 to ensure appropriate interest is applied. The [Division's Business Operations Unit](#) is available to support therapy vendors whose claims have been impacted by this system update in any way they can to ensure they are accurately compensated for services provided.

The Division will continue to work with therapy providers and stakeholders on future Medicare edits related to therapies. This update **did not impact** Home Health Agencies who are registered with Medicare and are required to submit claims to Medicare.

Office of Licensing Certification and Regulation (OLCR) Reminders

Concerns Inbox

The OLCR Concerns Unit is utilizing the dddolcrconcerns@azdes.gov inbox for all communications regarding Licensing Concerns and Licensing Investigations. Qualified Vendors should not use this inbox to submit Incident Reports (IR). Qualified Vendors should continue to submit IRs to the Quality Management using existing IR district mailboxes. This inbox is only to be used for OLCR Licensing Concerns and Licensing Investigation Reports.

OLCR Life Safety Inspection (LSI) Training

The [Division's Provider Policy Chapter 71 Life Safety Inspection](#) (LSI) requires that all Qualified Vendors with HCBS Service Sites as listed in the Contract Administration System (CAS) must pass a life-safety inspection to provide services at that Service Site. Qualified Vendors should review the [Life-Safety Inspection Manual](#) with the individuals responsible for that Service Site before the scheduled inspection appointment. This review should assist the Service Site in passing the inspection, which allows services to begin. OLCR provides training for all Qualified Vendors on the LSI Manual. This training covers the requirements to pass a Life-Safety Inspection as outlined in the Arizona Administrative Code (A.A.C. R6-18-701 et. seq.) It is available to administrative HCBS staff or licensing staff from any HCBS-certified Qualified Vendor agency. To register for the Life Safety Rules training, please send an email to the OLCR Training Unit with the subject line: Life-Safety Rules training and the training date. The email should include the participant's name and email address. Training dates can be found on the [Qualified Vendor Training webpage](#).

The Importance of Proofreading

Proofreading originates from the traditional publishing industry. Before digital publishing became popular publishers would physically print a copy of the text before it was published. This was called a "proof". The proof was reviewed by a proofreader who would review it for grammatical, spelling, or formatting errors and inconsistencies. Proofreading was the last chance to correct any errors before publication.

Proofreading is an important step in the writing process. Having a focus on proofreading ensures websites and other documents produced by Qualified Vendors are professional and representative of their agency. Three tips to assist Qualified Vendors with proofreading include:

1. Step away from the content being written. Writing and reading the same text over and over makes it easy to miss errors.
2. Read the text out loud. This strategy helps identify poor sentence structure including sentences that are grammatically incorrect, unclear, or awkward.
3. Print the document. Eyesight can be strained looking at computer screens for long periods. A physical copy may help find errors that were overlooked.

Qualified Vendors that are uncomfortable or not confident with proofreading may benefit from using a proofreading service like [Grammarly](#). Grammarly is free to use and can help ensure documents are error-free. Grammarly can review for grammar, punctuation, spelling, and syntax errors. No matter which option is used for proofreading, it is an important step that all Qualified Vendors should remember when creating content.

Volunteer Opportunities

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. Individuals who would like to learn more should contact the [DDD Volunteer Team](#) or fill out the [Volunteer Express Interest Form](#).

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.