



DDD SHOUT

QUALIFIED VENDOR AND PROVIDER NEWSLETTER

August 2025

5-Year Strategic Plan

On August 1, 2025, the Division published its 5-Year Strategic Plan on its [Strategic Planning web page](#). This is the first comprehensive Strategic Plan the Division has developed in many years. Qualified Vendors and providers are encouraged to read the plan and familiarize themselves with the focus areas, goals and objectives. The plan was developed with substantial input from internal and external stakeholders including members, DDD staff, Qualified Vendors and providers. It is designed to guide the Division's program initiatives and improvements over the next five years.

The Division will soon begin the implementation phase of the plan which will continue over the coming months as action plans to move each objective forward are developed. Metrics will also be created to ensure progress can be measured and celebrated. The plan's success will require support and participation from DDD staff members, Qualified Vendors and providers. Updates will be regularly provided on the Strategic Planning web page. Qualified Vendors and providers are encouraged to bookmark the page and check back regularly for updates, new information, and to [provide feedback](#).

AHCCCS EVV Aggregator Go-Live On Track for October 1, 2025

AHCCCS has announced that its Electronic Visit Verification (EVV) Aggregator is on track to begin accepting data from EVV vendors beginning October 1, 2025.

EVV 2.0

All providers are required to contract with an EVV vendor of their choice and are responsible for the cost. This change supports streamlined EVV oversight and management, long-term sustainability of a single EVV aggregator, and provider choice of EVV vendors.

Providers who do not use Sandata as an EVV vendor will not have to make any changes. The provider's EVV vendor will send data to AHCCCS instead of sending it to Sandata. AHCCCS will continue to maintain the same technical requirements that EVV vendors use today.

Providers can find an EVV 2.0 FAQ on the [AHCCCS website](#), under General Resources and Frequently Asked Questions.

EVV Vendor Timeline: What to Expect and How to Prepare

- **EVV Data Submission:** Data will be accepted by AHCCCS beginning October 1, 2025. In the coming weeks, AHCCCS will provide specific instructions regarding the exact timing of when to stop sending to Sandata and when to start sending it to AHCCCS.
- **Register in ServiceNow:** EVV Vendors will use ServiceNow to send data to the AHCCCS Aggregator, more information will be coming in early September regarding how to register in the system. This step will be an important part of readiness.
- **Participate in Training:** On September 11, 2025, AHCCCS will host a training session for EVV vendors,

more information will be coming in early September regarding how to register for the training. The training will be recorded, and all training materials and user guides will be posted to the AHCCCS website.

- Participate in Connectivity Testing: All EVV vendors will have the chance to test the submission of data to the AHCCCS Aggregator between September 09, 2025, and September 29, 2025.

Provider Timeline: What to Expect and How to Prepare

- Contract with an EVV Vendor: Providers who don't already have a contract with an EVV vendor, should contract with an EVV vendor by September 1, 2025. The [AHCCCS website](#) has information and tools providers can use to learn about available EVV systems and engage in conversations with the vendors.
- Confirm EVV Primary Point of Contact: Providers should verify their EVV contact information is current with AHCCCS. Directions on updating or adding an EVV Contact can be found in the [EVV Contact Add/Update User Manual](#).
- Register in ServiceNow: Providers will use ServiceNow to review data and run reports in the AHCCCS Aggregator, more information will be coming in early September regarding how to register in the system. This step will be an important part of readiness.
- Participate in Training: On September 18, 2025, AHCCCS will host a training session for providers, more information will be coming in early September regarding how to register for the training. The training will be recorded, and all training materials and user guides will be posted to the AHCCCS website.

NEW EVV Help Desk

All inquiries and questions should NOW be directed to the EVV ServiceNow Help Desk [Government Service Portal - Government Service](#).

Please reference the [Help Desk User Manual](#) for instructions on how to access, submit and monitor support tickets. All policy and technical support inquiries and questions should be directed to the new helpdesk to streamline the response process.

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 900 Emergency Measures

This month's Behavior Supports Manual update focuses on [Chapter 900 Emergency Measures](#).

PURPOSE

This policy establishes the requirements for the use of an Emergency Measure intervention during an Emergency Safety Situation.

INFORMATION

Each time an Emergency Measure is used, it should be recognized as potential trauma to the Member. Its use can affect a Member's relationships with support staff and have short- or long-term effects on the Member's mental health. Emergency Measures are not a substitute for treatment.

Emergency Measures used for punitive purposes, discipline, staff convenience, retaliation or coercion is considered Abuse and is prohibited by Article 9 and Arizona state law. The use of Emergency Measures is always a last resort safety measure when there is an imminent risk to the health and/or safety of the individual or others and only when less restrictive methods have been ineffective in resolving an Emergency Safety Situation safely and rapidly.

POLICY

A. Emergency Measure Interventions

1. Division employees or Service Provider employees providing direct care to a Member may use an Emergency Measure if the following criteria are met:
 - a. There is an imminent risk of serious harm or injury to the Member or others;
 - b. Other less restrictive methods were unsuccessful or inappropriate;
 - c. The Emergency Measure is implemented for the least amount of time necessary to manage the situation;
 - d. The Emergency Measure is performed by individuals trained and certified in the use of Emergency Measures and intervention techniques;
 - e. The Emergency Measure is not used as a substitute for treatment or as a form of punishment, coercion, convenience of staff or retaliation; and
 - f. The Emergency Measure is terminated as soon as it is safe to do so.
2. The individual implementing the Emergency Measure shall:
 - a. Report the circumstances of the Emergency Measure to the Support Coordinator, Responsible Person, and any required Division designee as soon as safe to do so but no later than 24 hours after the implementation of the Emergency Measure.
 - b. Prepare a written report describing the circumstances of the Emergency Measure and submit the report to the Support Coordinator, Responsible Person, and the District Program Review Committee chair within one Business Day.
 - c. Request that the Support Coordinator convene the Planning Team to determine the need for a new or revised Behavior Plan if an Emergency Measure has been used two or more times within

a 30-day period or with an identifiable pattern.

3. The PRC, upon receipt of written reports of Emergency Measures, shall:
 - a. Review, evaluate and track reports of Emergency Measures taken; and
 - b. Report instances of possible excessive or inappropriate use of Emergency Measures to the Division's designee, on a case-by-case basis, for corrective action.

B. Physical Intervention Techniques

Physical Intervention techniques may be used as an Emergency Measure if the criteria in Section A(1) have been met.

Please note that PRC is receiving monthly Emergency Measure Notifications. PRC informs the member's Support Coordinator that a member on their caseload has had two or more behavioral incidents that resulted in an emergency measure. Additionally, according to Article 9, the team must reconvene and discuss the use of the emergency measures, and determine if a behavior plan is necessary, or if there are any required changes needed to the current behavior plan.

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](#).

Licensing Requirements for Group Homes Reminder

As outlined in the Standard Terms and Conditions of the [Qualified Vendor Agreement](#), Qualified Vendor agencies are required to maintain compliance with the Arizona Department of Health Services (AZDHS) licensure to receive payment for Group Home Services. This is also outlined in the [Division Provider Manual Chapter 54 Group Home Requirements](#). Qualified Vendors must work with AZDHS to ensure Group Home licenses are renewed timely and do not expire. Qualified Vendors are required to have a tracking system in place to prevent licenses from expiring.

As a reminder, the Division will not fund any Group Home settings during the period a setting is not licensed due to the expiration of the license.

Qualified Vendors with Group Home locations that are not compliant with AZDHS licensure will be referred for contract action and will be required to assist the Division with the transition of members to a Qualified Vendor's alternative licensed group home with existing capacity or to another Qualified Vendor with existing capacity.

Qualified Vendors must keep their contact information current with AZDHS. Qualified Vendors who are unsure of the contact information on file with AZDHS or who have questions regarding Group Home licensing requirements should contact AZDHS at BSLFacilities@azdhs.gov.

As a reminder, when Group Homes relocate, the Qualified Vendor agency needs to obtain a new award letter from the Network Residential unit. In addition, a new license is required from AZDHS, and the Division must issue a new site code before members move to the new location. The license and site code are not transferable between Group Homes. More information about licensing should visit the [AZDHS License Management System web page](#).

Qualified Vendors with questions about the Residential relocation process for Group Homes should review [Provider Manual Chapter 47](#) or contact the [Network Residential team](#).

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.