

DDD SHOUT

VENDOR & PROVIDER NEWSLETTER

October 2024

Behavior Support Manual Updates - Chapter 200 Prohibitions and Restricted Techniques

On August 28, 2024 the updated [DDD Behavior Support Manual](#) went into effect. The next several SHOUT newsletter articles will highlight these changes.

This month's update will focus on Prohibited Techniques, also known as RED LIGHT TECHNIQUES. These are techniques that are **never permitted** to be used with a member.

State statute prohibits abuse and neglect of any individual with a developmental disability. DDD prohibits the use of any intervention that may harm or jeopardize the health and safety of a Division Member.

Prohibited Techniques

The following behavioral intervention techniques, also known as Red Light Techniques, are prohibited as specified in Article 9:

- The use of seclusion (locked time-out rooms);
- The use of overcorrection;
- The application of noxious stimuli;
- Physical restraints, including mechanical restraints, when used as a negative consequence to a behavior;
- Use of psychotropic medication, except as specified in statute and rule, is prohibited if used as a chemical restraint, given on an as-needed basis, the dosage interferes with the Member's daily living activities, or used in the absence of a behavior plan

The Behavior Support Manual explicitly states types of prohibited techniques, which fall under the prohibitions included in Article 9.

- Prone restraint (lying on stomach);
- Use of handcuffs or leg hobbles;

- Seated restraint where the Member is placed on the floor or ground, arms crossed in front, and pressure is applied to press their body forward;
- Any technique determined by the Program Review Committee to cause pain, discomfort, or emotional distress to the Member;
- Use of electric shock, insulin shock, or other techniques specified in A.R.S. § 36-561(A);
- Speaking in a manner that ridicules, demeans, threatens, or is abusive;
- Use of physical intimidation or a show of force;
- Denying or restricting a Member's access to equipment and devices such as walkers, wheelchairs, hearing aids, and communication systems that facilitate the Member's functioning and independence
- Denying or restricting a Member's access to personal items;
- Using a head hold where the head is used as a lever to control movement of other body parts;
- Use of any maneuver that forces the Member to the floor on their knees or hands and knees;
- Use of any technique that keeps the Member off balance, such as shoving, tripping, pushing on the backs of the knees, pulling on the Member's legs or arms;
- Any technique that restricts a Member face-first against a wall or post;
- Any action or procedure that might restrict or obstruct a Member's airway or impair breathing, including placing pressure on a Member's head, neck, back, chest, abdomen or joints;
- Use of physical intervention, including mechanical restraints, when used as a negative consequence or as punishment for a behavior;
- Use of any technique as a means of coercion, discipline, convenience of staff or retaliation

If you have any questions on the Behavior Support Manual or would like to request technical assistance regarding a behavior plan, please contact DDDPRCAdministration@azdes.gov.

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

National Core Indicators Survey Updates - New Contractor

DDD is happy to announce our new National Core Indicators - Intellectual and Developmental Disabilities (NCI-IDDD) Surveys vendor, **Vital Research, LLC**. Vital Research has been awarded the NCI-IDDD Surveys Task Order for the 2024-2025 In-Person Survey.

Vital will be responsible for coordinating with DDD to notify, schedule and interview randomly selected DDD members for the NCI-IDDD In-Person Survey. The vendor will also coordinate with DDD to notify, mail out surveys and enter survey responses into the Online Data Entry Survey Application (ODESA). ODESA is where responses are uploaded for all states' Adult Family, Child Family, and Family Guardian Surveys.

The [Data At-A-Glance](#) for the 2022-23 NCI-IDD In-Person Survey is now available. The At-A-Glance showcases key takeaways in each of the NCI domains along with data visualizations to support a meaningful understanding of NCI data. The 2022-23 NCI highlights included a page focused on mental health and social connection data outcomes.

The NCI-IDD In-Person Survey is the largest and most representative data on the characteristics and outcomes of people with IDD who use state-funded services. In 2022-23, more than 25,000 people with IDD from 33 states participated in the survey. People came from diverse backgrounds in terms of race and ethnicity, age, communication preferences, type of residence, urbanity, and more. Each year, NCI asks people about access to and participation in their community, choice and control, relationships, and more. See below for some main takeaways:

- **[Employment](#)**: Across the sample, 17% of people were in paid community jobs, and among those who were unemployed, 44% wanted a paid community job
- **[Community inclusion and belonging](#)**: 71% of people said they could go out and do things they enjoyed within their community as much as they wanted
- **[Choice and Decision-making](#)**: 24% of people indicated they chose where to live, and 31% indicated they had some input in choosing where they lived
- **[Relationships](#)**: Across the sample, 68% of people said they had friends and could meet with their friends in person when they wanted
- **[Self-direction](#)**: 17% of people reported using a self-directed supports option. Among those, 15% of people said they mostly made decisions about services that were self-directed, and 40% said they had input and families'/friends' help with decisions
- **[Workforce](#)**: 40% of people said their staff changed or turned over too often
- **[Access](#)**: 80% of people said they had a way to get places when they wanted to do something outside of the home (like going to see friends)
- **[Health](#)**: 76% of people had a routine dental visit in the past year

Within the sample, we often observe noticeable differences in outcomes between states, as well as within states across different residential settings. While the findings here indicate some areas in which outcomes for people with IDD are relatively promising—such as relationships, service coordination, and workforce—other areas have more mixed results, especially choice and decision-making, community inclusion, and health. Many of these areas also have strong connections to federal policy such as the Home and Community-Based Services (HCBS) Settings Final Rule, and represent areas for possible quality improvement.

Free COVID Tests Now Available from Federal Government

The Federal Government has made [free COVID tests](#) available to the general public once again.

Individuals may request up to four free, at-home COVID tests per household through covidtests.gov. The tests began shipping on September 30, 2024.

Qualified Vendors and providers may share this information with DDD members, families, and staff.

[Order Your Free COVID Tests Now](#)

Attendant Care In Hospitals

Although many flexibilities available under the federal Public Health Emergency (PHE) have ended, the ability to assess for and authorize attendant care while a member is in the hospital has been approved permanently in Arizona's 1115 waiver and may be authorized when the services are:

- Identified in the member's Person-Centered Service Plan,
- Necessary to meet the needs of the individual that are not met through the provision of acute care hospital services, and
- Not used as a substitute for the services the acute care hospital is obligated to provide.

This provision was recently updated in [AHCCCS AMPM 1240-A Direct Care Services Policy](#).

When Attendant Care (\$5125) is provided in a hospital setting, the Qualified Vendor must use the following Place of Service (POS) codes:

- 21 Inpatient Hospital
- 23 Emergency Room- Hospital

Please refer to the [Provider Coding Guide and Reference Sheet](#) for more information about billing in a hospital setting. For any other questions, please contact the networkdistrictresource@azdes.gov mailbox.

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.