

DDD Health Plans

Frequently Asked Questions

The Arizona Department of Economic Security (ADES), Division of Developmental Disabilities (DDD) is committed to empowering Arizonans with developmental disabilities to lead self-directed, healthy and meaningful lives. As part of its mission, DDD will provide members eligible for the Division and the Arizona Long Term Care Services (ALTCS), a new service delivery system to provide integrated physical health services, behavioral health services, and Long Term Services and Supports (LTSS).

DDD will contract with managed care organizations (MCOs), called “DDD Health Plans,” to provide all physical and behavioral health services, as well as the following LTSS: skilled nursing facilities; emergency alert services; and habilitative physical therapy for members over the age of twenty-one (21). DDD will provide and manage all other LTSS and Support Coordination.

The integration of services and supports provided to members will be achieved through the close collaboration and care coordination between the DDD Health Plans, DDD, and their respective providers, resulting in improved health outcomes.

Below are *Frequently Asked Questions* to provide members, their families and stakeholders information about DDD Health Plans. Please note that decisions are subject to change. After the award of the contracts, DDD will provide members with information and assistance to make informed decisions about the new DDD Health Plans.

Q = Question, A = Answer

Q 1: Why is ADES/DDD limited in answering questions about the DDD Health Plans?

A: The Request for Proposal (referred to as an “RFP”) for DDD Health Plans is a competitive solicitation ([Solicitation ADES 19-00008322](#)) administered under the Arizona Procurement Code. The purpose of the Arizona Procurement Code is to ensure fair and equitable treatment of all persons who deal with the procurement of materials and services by the State and safeguard the State’s procurement quality and integrity. As such, during an active solicitation, ADES/DDD is not able to provide additional information outside the solicitation documents or to engage in individual discussion(s) which could result in, or be perceived as, providing an unfair advantage to any possible bidder.

DDD remains committed to ongoing communication with members and their families, providers and other stakeholders. After the contracts are awarded, DDD will provide more detailed information about the implementation of DDD Health Plans.

Q 2: How are DDD Health Plans different than DDD's current health service delivery system?

A: DDD members currently have to navigate multiple systems to access physical and behavioral health services. Members receive their physical health care services from a DDD contracted MCO, and their behavioral health services from a different MCO, called a Regional Behavioral Health Authority (RBHA).

Under the new contract, members will choose and enroll with a single DDD Health Plan. The DDD Health Plans will allow members (including members with a Children's Rehabilitative Services [CRS] qualifying conditions and/or those who have a serious mental illness [SMI]) to access physical and behavioral health services through a single MCO. In addition to physical and behavioral health services, the DDD Health Plans will provide skilled nursing facilities, emergency alert services, and habilitative physical therapy for members over the age of twenty-one (21).

Members will continue to receive all other LTSS, including Support Coordination, through DDD.

Q 3: When will DDD Health Plans go into effect?

A: DDD Health Plans will go into effect on October 1, 2019.

Q 4: Who will be eligible for DDD Health Plans?

A: Members who are eligible for ALTCS and DDD services (ALTCS-DD members) will be eligible for DDD Health Plans.

Q 5: Will the services that are covered now for members still be covered under DDD Health Plans?

A: Yes. Members will still have access to the same covered physical and behavioral health services as they do now.

Q 6: Will members be able to choose a new DDD contracted health plan?

A: Yes. All ALTCS-DD members will be given the opportunity to select a DDD Health Plan at least 30 days prior to the contract start date. After a member is initially enrolled with a DDD Health Plan, the member will have an additional 90 days to change DDD Health Plans.

Members will continue to have the option to choose between DDD Health Plans on an annual basis.

Q 7: Will members be able to stay with the same MCO in which they are currently enrolled?

If a member's current MCO for physical health services is awarded a new contract, the member may choose to stay with the same MCO (DDD Health Plan). If a member's current MCO for physical health services is not awarded a new contract, the member will need to select a new MCO (DDD Health Plan).

After the award of the contracts, DDD will provide members with information and assistance to make informed decisions about their DDD Health Plan options.

Q 8: Will DDD Health Plans develop their own provider networks?

A: Yes. Each DDD Health Plan will develop, maintain and monitor its own provider network to support the needs of enrolled members.

Q 9: Will members be able to access the same providers as they do now?

A: As described in the answer to Question 8 above, each DDD Health Plan will have its own provider network. Members may access the same providers if those providers are in the DDD Health Plan's provider network.

Each DDD Health Plan will publish and provide members with a list of providers, called a provider directory. This information can be used to assist members in selecting a DDD Health Plan. Members who would like to continue with the same provider can review the DDD Health Plan's provider directory to see if that provider is in the DDD Health Plan's provider network.

After the award of the contracts, DDD will provide members with information and assistance to make informed decisions about their DDD Health Plan options.

Q 10: What happens if the member's provider is not in the DDD Health Plan's provider network?

A: Every effort will be made to ensure the continuity of care and consistency of providers for members through the transition to DDD Health Plans.

There may be cases in which a member's current provider is not contracted with the member's selected DDD Health Plan. In that case, the DDD Health Plan will continue to maintain the member's current providers and service authorizations for a period of at least 180 days to provide time to find an alternative provider and safely transition care. This time period can be shortened if the member agrees.

After the award of the contracts, DDD will provide members with information and assistance to make informed decisions about their DDD Health Plan options.

Q 11: When will members receive information about the DDD Health Plans?

A: Members will receive information about the DDD Health Plans after the contract is awarded. Information will be provided to members well in advance of the change to allow time for members to make informed decisions about their DDD Health Plan options.

Q 12: How many DDD Health Plan contracts will be awarded and when?

A: DDD anticipates there may be multiple DDD Health Plan contracts awarded. The anticipated timeframe for awards is April 2019.

Q 13: How will DDD educate members, community stakeholders, providers, and advocates about DDD Health Plans?

A: DDD is dedicated to open and transparent communication and will use a number of methods to share information about DDD Health Plans. The solicitation can be located at [Solicitation ADES 19-00008322](#).

DDD will be able to provide more information about DDD Health Plans and how they will be implemented after the contracts are awarded.

Q 14: Will DDD provide training to the DDD Support Coordinators on the DDD Health Plans so they will be able to assist members during this transition?

A: Yes. DDD has begun to provide training to Support Coordinators and will continue to provide in-depth training to all DDD team members after the contracts are awarded. DDD Support Coordinators and other DDD staff will assist members and their families to ensure a smooth and successful transition.

Q 15: Do these changes mean that DDD is moving to the Arizona Health Care Cost Containment System (AHCCCS)?

A: No. The purpose of the changes and implementation of DDD Health Plans is to offer members and their families options for integrated health care.