

Division of Developmental Disabilities **POLICY REVISION HISTORY**

Operations Manual

May 8, 2024	November 22, 2023
May 1, 2024	November 8, 2023
April 10, 2024	September 6, 2023
March 27, 2024	August 23, 2023
March 13, 2024	August 2, 2023
February 28, 2024	July 19, 2023
January 24, 2024	June 28, 2023
January 17, 2024	June 14, 2023
January 10, 2024	May 10, 2023
January 3, 2024	April 26, 2023
December 27, 2023	April 21, 2023
December 13, 2023	March 22, 2023
	February 22, 2023
	January 25, 2023
	January 18, 2023
	December 21, 2022
	December 7, 2022
	November 16, 2022
	November 9, 2022
	October 26, 2022
	September 21, 2022
	June 29, 2022



Division of Developmental Disabilities **POLICY REVISION HISTORY**

Operations Manual

May 25, 2022	May 27, 2020	October 1, 2018
March 30, 2022	April 29, 2020	June 13, 2018
March 16. 2022	March 26, 2020	April 18, 2018
March 2, 2022	March 25, 2020	February 21, 2018
February 23, 2022	February 5, 2020	January 3, 2018
February 16, 2022	January 29, 2020	November 29, 2017
January 26, 2022	December 18, 2019	August 25, 2017
December 22, 2021	December 4, 2019	August 18, 2017
November 17, 2021	November 20, 2019	February 17, 2017
November 10, 2021	November 6, 2019	October 21, 2016
October 1, 2021	October 9, 2019	September 30, 2016
September 15, 2021	October 1, 2019	August 12, 2016
September 8, 2021	September 4, 2019	July 22, 2016
August 11, 2021	August 14, 2019	October 21, 2016
July 28, 2021	July 10, 2019	September 30, 2016
July 6, 2021	May 29, 2019	August 12, 2016
May 24, 2021	April 24, 2019	July 22, 2016
March 24, 2021	April 10, 2019	July 15, 2016
February 24, 2021	March 20, 2019	June 10, 2016
December 16, 2020	January 16, 2019	May 20, 2016
December 2, 2020	November 29, 2018	May 13, 2016
October 28, 2020	October 24, 2018	March 25, 2016
September 30, 2020	October 10, 2018	February 26, 2016
July 1, 2020		January 29, 2016

Date: May 8, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

7006 Right to Request Amendment or Correction of Protected Health Information

Updates/or Summary:

This new policy has been developed to outline the requirement when a Member requests an amendment of their Protected Health Information (PHI) as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Revised Policies:

434 Coordination of Benefits and Third Party Liability

Updates/or Summary:

Division Operations 434 Coordination of Benefits and Third Party Liability (Previously Division Operations 4001) was revised with the following changes:

- Changes the policy number and title from "Division Operations Manual Policy 4001 Third Party Liability" to "Division Operations Manual Policy 434 Coordination of Benefits and Third Party Liability" for consistency with ACOM 434.
- Adds a purpose and definition section to the policy.
- Updates Third Party Liability requirements to align with current requirements in ACOM 434.
- Updates the document to align with DDD's policy formatting standards.

449 Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children

Updates/or Summary:

Division Operations 449 and AdSS Operations Policy 449, Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children, respectively, have been updated to comply with recent AHCCCS updates to AMPM 449 as follows:

- The term "treatment" changed to "services" throughout the policy.
- Added "county of removal" regarding continuity of services.
- Added definition of "Integrated Rapid Response." The term is used throughout the

policy to include integrating physical assessment to the rapid response.

- Removed definition of "Rapid Response."
- Added new Behavioral Health Utilization and Timeframe Deliverable.
- Added language to clarify: A request for out-of-home treatment must be determined no later than 72 hours after the request is received. If a request needs to be expedited, the determination must be made in less than 72 hours.
- Updated contact information

Retired Policies:

4001 Third Party Liability

Updates/or Summary:

Division Operations 4001 is being retired as the policy number/name has changed to 434 Coordination of Benefits and Third Party Liability (Published 5/8/24) for consistency with ACOM 434.

Date: May 1, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

6003-R Compliance Concerns and Reporting Requirements

Updates/or Summary:

This policy has been revised to ensure the Division's responsibility in preventing, identifying, and reporting any suspicion of Fraud, Waste, and Abuse of the Division's programs and compliance concerns.

- Updated Purpose statement.
- Added new definitions.
- Updated provisions and language throughout the policy to ensure the Division's responsibility in preventing, identifying, and reporting any suspicion of Fraud, Waste, and Abuse of the Division's programs and compliance concerns.
- Updated formatting, and style throughout the policy to align with the Division's Policy Format Manual.

Date: April 10, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

103 Fraud, Waste, and Abuse

Updates/or Summary:

This policy has been revised to outline the corporate compliance requirements including the reporting responsibilities for alleged Fraud, Waste, or Abuse involving Division program funds regardless of the source.

- Updated references.
- Refined the Purpose statement.
- Added new definitions and updated existing definitions.
- Moved Authority section to Supplemental Information.
- Updated Division Responsibilities, Reporting Responsibilities, and The Division's Responsibilities Related To Fraud, Waste, And Abuse sections.
- Updated formatting and style throughout the policy to align with the Division's Policy Format Manual.

Date: March 27, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

436 Network Standards

Updates/or Summary:

Division Operations Policy Manual 436 Network Standards was revised with the following updates:

- Updates the definitions section to align with ACOM 436.
- Updates network standards and definitions for Assisted Living Home, Assisted Living Center, DD Group Home providers to align with ACOM 436.
- Updates the document to align with DDD's policy formatting standards.

Date: March 13, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

7008 Notice of Privacy Practices for Protected Health Information

Updates/or Summary:

This new policy has been developed to outline the requirements for the Notice of Privacy Practices (the Notice) of Protected Health Information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Revised Policies:

101 Marketing

Updates/or Summary:

This policy was expanded to more thoroughly outline the Division's guidance for development and use of Marketing Materials, as well as participation in Giveaways, Events, Sponsorships, press releases, and use of the Division's name and logo.

Date: February 28, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

6001-J Records Management Litigation Hold

Updates/or Summary:

This new policy outlines staff responsibility when there is a litigation hold Notice to Preserve.

7009 De-Identification – Protected Health Information

Updates/or Summary:

This new policy outlines the de-identification of protected health information as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Revised Policies:

417 Appointment Availability, Transportation Timeliness, Monitoring, and Reporting

Updates/or Summary:

This policy was revised to align with recent updates to ACOM 417. This policy outlines the appointment accessibility and availability standards and the Division's oversight and monitoring of the Administrative Services Subcontractors (AdSS) to ensure compliance with the Division's network sufficiency requirements. The Purpose statement was revised to more clearly state how this policy outlines the process for the Division to report provider Appointment accessibility and availability to the Arizona Health Care Cost Containment System (AHCCCS). Definitions were removed that were no longer relevant to the policy. Definitions were added for "Network Development and Management Plan" and "Service Provider". New sections for "Division Oversight and Monitoring" and "Supplemental Information" were added. Language and formatting was revised to align with current Policy Unit standards.

Date: January 24, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Retired Policies:

6003-B Informal Resolution/Grievance Process Non-Arizona Long Term Care Services

Updates/or Summary:

This policy has been retired as all information from this policy can be found in Division Operations 6003-G and 6003-H (published on 1/10/2024).

Date: January 17, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

415 Provider Network Development and Management Plan; Periodic Network Reporting Requirements

Updates/or Summary:

This policy has been revised to align with AHCCCS policy changes to establish Division requirements for the Division's submission of the Network Development and Management Plan and other periodic network reports to AHCCCS.

- Updated references.
- Moved Deliverables to Supplemental Information.
- Refined the Purpose statement.
- Added new definitions.
- Removed the reference to Value-Based Providers from the Network Development and Management Plan Checklist.
- Updated formatting and style throughout the policy to align with the Division's Policy Format Manual.

Retired Policies:

1004-B Consent to Medical Treatment of Minors

Updates/or Summary:

This policy has been retired as information can be found in AdSS Medical 320-Q and Provider Manual Chapter 67.

6003-T Compliance Program Integrity Hotline

Updates/or Summary:

This policy has been retired as it is no longer applicable.

Date: January 10, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

6003-H Provider Inquiry and Grievance Resolution

Updates/or Summary:

This policy has been developed to provide Providers and Qualified Vendors with a more clear explanation of what the Division's Customer Service Center (CSC) shall do once their inquiries are received by the CSC and what the CSC shall do to work towards a resolution of the inquiry or grievance.

Revised Policies:

404 Contractor Website and Member Information

Updates/or Summary:

Changes were made to align with AHCCCS updates.

- Definitions were added.
- Formatting updates were made to reflect current standards.
- Specification that "written translation of documents from English into the Member's preferred language," is available to Members at no cost.
- Inclusion of the following in the newsletter:
 - 1. The number for the Crisis Hotline was added, "988."
 - 2. Educational information on how the Contractor is addressing health equity.
 - 3. Where to find resources for support with health-related social needs, which may include a link to a Community Resource Guide.
- Surveys are not subject to the file and use review process.

6003-G Member Inquiry and Grievance Resolution

Updates/or Summary:

This policy was revised to provide members with a more clear explanation of what the Division's Customer Service Center (CSC) shall do once their inquiries are received by the CSC and what the CSC shall do to work towards a resolution of the inquiry or grievance.

Date: January 3, 2024

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

416 Provider Information

Updates/or Summary:

This policy has been revised to align with AHCCCS policy changes to establish provider information requirements.

- Changed the Title of the policy from "Provider Network Information" to "Provider Information."
- Updated references.
- Refined the Purpose statement.
- Added new definitions and updated existing definitions.
- Updated Provider Manual and Required Notifications sections.
- Removed Website section.
- Updated formatting and style throughout the policy to align with the Division's Policy Format Manual.

1001-A Rights and Responsibilities of Individuals Supported by the Division of Developmental Disabilities

Updates/or Summary:

This policy has been revised as part of the Division's work to be accredited by the National Committee for Quality Assurance (NCQA).

Revisions include:

- Policy title change from Basic Human and Disability Related Rights to Rights and Responsibilities of Individuals Supported by the Division of Developmental Disabilities.
- Addition of specific rights outlined in the NCQA accreditation standard.
- Addition of a Member Responsibilities section.
- Rights were more accurately grouped into the proper sections based on individual eligibility.
- Formatted to align with current Policy standards.

Date: December 27, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

3008 Electronic Monitoring

Updates/or Summary:

This is a new policy that outlines the Division's oversight and monitoring of Qualified Vendors and the use of Electronic Monitoring Devices in service sites funded by the Division.

Description:

- Outlines the Division's responsibilities of overseeing the Qualified Vendors when the Electronic Devices are owned and installed by the Qualified Vendor.
- Identifies what Qualified Vendors shall and shall not do when the Electronic Monitoring Devices are owned and installed by the Responsible Person.
- The Division shall ensure Electronic Monitoring Devices installed in a Member's private spaces are only installed by the Responsible Person.
- Ensures the Qualified Vendor shall follow HIPAA as outlined in 45 CFR Part 164 and other compliance requirements when the Responsible Person shares the data from the Electronic Monitoring Devices with the Qualified Vendor.

7003 Minimum Necessary Standard for Uses and Disclosures of Protected Health Information

Updates/or Summary:

This new policy outlines the requirements for making reasonable efforts to limit the use and disclosure of protected health information (PHI) as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Date: December 13, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

7004 Accounting of Disclosures of Protected Health Information

Updates/or Summary:

This policy has been developed to establish the Division's requirements for the accounting of Disclosures of Protected Health Information (PHI) required by the Health Information Portability and Accountability Act of 1996 (HIPAA) as outlined in 45 CFR 164.528.

Date: November 22, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Retired Policies:

6003-A Definitions

Updates/or Summary:

This policy is being retired as information is included in other policies.

6003-P Standards of Conduct

Updates/or Summary:

This is being retired as this policy contains HR related information and is included in other policies.

6003-Q Anti-Retaliation

Updates/or Summary:

This is being retired as information is duplicative and included in other policies.

6003-V Division Program Integrity Standards

Updates/or Summary:

This is being retired as this policy contains HR related information and is included in other policies.

Date: November 8, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

7002 Authorization for Use and Disclosures of Protected Health Information

Updates/or Summary:

This new policy outlines the process for the authorization for use and disclosure of Protected Health Information (PHI) as otherwise permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

7005 Right to Request Restriction of Uses and Disclosures for Protected Health Information

Updates/or Summary:

This new policy outlines the requirement when a Member requests a restriction of uses and disclosures, as permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

7007 Right to Receive Alternative Means of Communication for Protected Health Information

Updates/or Summary:

This new policy outlines the Member's right to request privacy protection utilizing alternative means of communication.

Revised Policies:

203 Claims Processing

Updates/or Summary:

Revisions to Division Operations 203, Claims Processing are as follows:

- Adds a purpose statement to the policy.
- Includes additional definitions.
- Includes additional reference citations.
- Aligns the Division's claims requirements with AHCCCS requirements.
- Updates the document to align with DDD's policy formatting standards.

406 Member Handbook and Provider Directory

Updates/or Summary:

This policy establishes guidelines regarding Member handbooks and provider directories, changes include:

- Added definitions.
- Updated guidance on Member Handbook distribution requirements, including where the Support Coordinator will document this has been provided to the Member (this update in documentation reflects current practice). Clarification has been provided for the type of provider required to be included in the handbook.
- Added language to ensure virtual-only status is indicated for virtual-only providers in place of a physical address.

5000 Reinsurance Policy

Updates/or Summary:

The changes to Division Ops 5000 are as follows:

- Includes additional definitions.
- Includes additional reference citations.
- Clarifies the requirements the Division must meet to request Reinsurance reimbursement.
- Updates the document to align with DDD's policy formatting standards.

6002-F Investigative Process

Updates/or Summary:

Division Operations Policy 6002-F, Investigative Process, has been revised as part of the Division's Annual Policy Review and includes:

- New section regarding the use of confidential and privileged information during quality assurance activities and information gathered during the investigative process protected from release or discovery pursuant to Arizona Revised Statutes.
- Incorporated principles of trauma-informed care in the investigative training content.
- Restructured to reflect new policy writing style.
- Language clarified regarding the initiation of a quality of care concern investigation.
- General formatting and language clarification as needed.

Date: September 6, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

414 Requirements for Service Authorization Decisions and Notices of Adverse Benefit Determination

Updates/or Summary:

This policy has been revised to align with current AHCCCS and Division requirements.

- This policy has been updated to align with current Division policy formatting standards.
- The Division shall provide a Notice of Adverse Benefit Determination that is consistent with 42 CFR 438.404 which includes an explanation of the specific facts including the level of service which may include a request for an enhanced staffing ratio.
- As part of the Appeals process, a provider who requested a Services Authorization Request has the option to request a peer-to-peer discussion with the Division's medical director.

Date: August 23, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

100 Management of Division Policies and Procedures

Updates/or Summary:

Division Policy Operations 100, Management of Division Policies and Procedures, has been revised, updates include:

- Definitions added to clarify Medical Policy.
- Expanded information to illustrate the path a policy goes through for approval.
- Which policies require signature of the Division's Chief Medical Officer.

Retired Policies:

325 Access to Professional Services Initiative and Reconciliation

Updates/or Summary:

Division Operations 325 is retiring. The Division no longer reconciles funds. A new policy will be created to align with ACOM 330, which addresses the Division's role with this.

Date: August 2, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

6002-D Members at Risk if Missing

Updates/or Summary:

This policy was revised to improve clarity for the reader on when members are missing from licensed settings.

- Definitions were updated
- Settings that the policy applies to were outlined
- Formatting and style were updated throughout the policy to align with the Division's Policy Format Manual
- Information about the Division's Medallion Program was moved to the Supplemental Information sections

6002-I Incident and Quality of Care Concern Corrective Actions and Closure

Updates/or Summary:

This policy was updated to clarify the process for elevating non-compliance to Division leadership.

- Language was added for notifying and elevating non-compliance to appropriate Division leadership
- Planning team sections was removed as it does not apply to this policy
- Formatting and style were updated throughout the policy to align with the Division's Policy Format Manual

Date: July 19, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

405 Cultural Competency, Language Access Plan, and Family/Member Centered Care

Updates/or Summary:

• This policy provides guidance for development of the Division's Cultural Competency Plan, which includes workforce education and description of Interpretation and Translation service delivery.

Date: June 28, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policies:

6006 AHCCCS Deliverable Submission Requirements

Updates/or Summary:

• This new policy outlines the requirements of the Division staff when reviewing and submitting deliverables to AHCCCS.

Date: June 14, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

6002-G Reporting Member Abuse, Neglect, and Exploitation

Updates/or Summary:

- Division Operations Policy 6002-G, Reporting Member Abuse, Neglect, and Exploitation, has been revised to reflect AHCCCS Contract language requirements and general annual review updates that include:
 - Policy name change
 - Additional definitions added
 - New policy format and sentence structuring

6002-M Mortality Review Process

- Division Operations Policy 6002-M, Mortality Review Process, has been revised to reflect AHCCCS Contract language requirements and general annual review updates that include:
 - Definitions added
 - Responsibilities clarified
 - New policy format and sentence structuring

Date: May 10, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

4002 – Client Billing

- Adds a purpose statement to the policy.
- Adds definitions relevant to the policy.
- Updates and clarifies requirements for billing ALTCS and non-ALTCS Members for services.
- References the HHS Website for Federal Poverty Guidelines.
- Updates the document to align with DDD's policy formatting standards.

Date: April 26, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

102 – DDD Administrative Forms and Other Written Material

Updates/or Summary:

- This is a new policy that establishes the standards for development and revision of:
 - DDD Administrative Forms
 - Supplemental Job Aides and Desk Aides
 - Standard Work
 - o Other written materials

Revised Policy:

436 – Network Standards

- Updated "References" section.
- Added "Purpose" section.
- Added new definitions, updated existing definitions, and removed the outdated definitions.
- Added policies regarding Division's responsibilities to ensure compliance with ACOM 436, to develop and maintain a provider network, and to have a network of providers in place to meet the minimum network standards.
- Removed "Statewide Time and Distance Network Standards," "Other Statewide Network Standards," and "Network Oversight Requirements" sections.
- Revised "County and District Definitions" section.
- Updated formatting and language throughout the policy to reflect current Policy Unit standards.

Date: April 21, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

1001-A - Basic Human and Disability Related Rights

Updates/or Summary:

 Previous Division Operations policy 1001-A remains in place with language added to improve clarity of member rights. Previous Division Operations policy 1001-C regarding residential settings has been added as a new section to 1001-A. As a result, previous Division Operations policy 1001-C is being retired. HCBS updates which provide additional member rights in community residential settings have been added to the new section.

Date: March 22, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

415 – Provider Network Development and Management Plan; Periodic Network Reporting Requirements

Updates/or Summary:

- Updated "References" section.
- Added "Deliverables" section.
- Clarified the Purpose statement.
- Revised "Network Development and Management Plan" and "Periodic Network Reporting" sections.
- Updated formatting and language throughout the policy to reflect current Policy Unit standards.

417 – Appointment Availability, Transportation Timeliness, Monitoring, and Reporting

Updates/or Summary: This policy has been revised to align with the ACOM 417 as follows:

- Changed the title of the policy from "Appointment Availability, Monitoring and Reporting" to "Appointment Availability, Transportation Timeliness, Monitoring, and Reporting."
- Updated "References" section.
- Clarified the Purpose statement.
- Added new definitions, updated existing definitions, and removed the outdated definitions.
- Revised "Monitoring Appointment Standards," "General Appointment Standards" "Provider Appointment Availability Review," and "Tracking and Reporting" sections.
- Changed the title of "General Behavioral Health Appointment Standards" section to "Psychotropic Medication Appointment Standards for AdSS Contractors" and revised the language.
- Added "Behavioral Health Appointment Standards in Persons in Legal Custody of the Arizona Department of Child Safety and Adopted Children in Accordance with A.R.S. § 8-512.01" and "Transportation Timeliness Review" sections.

• Updated formatting and language throughout the policy to reflect current Policy Unit Standards.

435 – Telephone Performance Standards and Reporting

Updates/or Summary:

• Division Operations 435 has been revised as part of an annual policy review. Updates include clarification on timeline and tools used for reporting, an added definition, as well as language and formatting changes to improve readability.

Date: February 22, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

6003-F - Fair Hearings and Appeals

Updates/or Summary:

• Division Operations Manual 6003-F has been revised. Updates include timeline for filing, as well as language and formatting to improve readability and clarify the Division's role when an appeal of an Administrative Review decision is requested.

Date: January 25, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

407 – Workforce Development

- Clarified the Purpose statement
- Added new definitions and removed the outdated definitions
- Revised "General" section
- Changed the title of "Maintain a Workforce Policy Management Function" section to "Establish and Maintain a Workforce Development Operation" and revised the language.
- Changed the title of "Monitor Provider Workforce Development Activities" section to "Monitor Workforce Development Activities" and revised the language.
- Revised "Workforce Data" section
- Added "Provider Technical Assistance" section.

Date: January 18, 2023

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

7001 – Privacy Incident and Breach Notification

Updates/or Summary:

• This is a new policy that describes process the Division follows when a privacy incident occurs.

Revised Policy:

1003 – District Independent Oversight Committees

Updates/or Summary:

• Revisions to this policy include updates to reflect current formatting standards, clarification of technical language, and slight language changes regarding Independent Oversight Committees.

Date: December 21, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

433 – Member Identification Cards

Updates/or Summary:

This policy has been developed to establish requirements regarding the development, approval, and distribution of Member Identification Cards (ID Cards) and replacement ID Cards. This policy includes:

- Programming requirements
- Formatting of Member identification cards (ID Cards)
- Approval of Member identification cards and other compliance requirements

Revised Policy:

406 – Member Identification Cards

Updates/or Summary:

This policy has been revised to reflect updates for Member Handbook content and distribution requirements. Updates were also mad to reflect current formatting and language standards.

Retired Policies

1006 – Health Care Directives/Advance Directives

Reason for Retirement:

This policy has been retired because the contents are now located in Division Medical 310-HH.

2006 – Arizona Long Term Care Non-Users

Reason for Retirement:

This policy has been retired because the contents are now located in Division Medical 1620-D.

3002 – Home and Community Based Service Delivery

Reason for Retirement:

This policy has been retired because the contents are now located in Division Medical 1302.

6004-B – Internal Oversight

Reason for Retirement:

This policy has been retired because the information is now obsolete.

6004-C – External Oversight

Reason for Retirement:

This policy has been retired because the information is now obsolete.

6004-D – Division Oversight Findings

Reason for Retirement:

This policy has been retired because the information is now obsolete.

Date: December 7, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

1005-D – Supporting Separated or Divorced Families

Updates/or Summary:

This is a new policy that sets forth guidance for the Division on working with parents/guardians of DDD members, when the parents/guardians are separated or divorced, in order to ensure continuity of communication for planning and implementing Member services.

Date: November 16, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

1005-D – Representative Payee

- Adds purpose and definitions section to the policy
- Clarifies the criteria Members must meet for the Division to serve as Representative Payee
- Clarifies the Division's role and responsibilities as Representative Payee for Members
- Updates the document to align with DDD's current policy formatting standards.

Date: November 9, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

100 – Management of DDD Policies and Procedures

Updates/or Summary:

- Development and Revision of Policy and Procedure
- Approval of Policy and Procedure
- Handling public comment for Policy
- The Review cycle for Policy and Procedure
- The sharing and use of Policy and Procedure
- Maintenance of archives of past versions of Policy and Procedure

Revised Policies:

6001-D – Permitted Uses and Disclosures of Public Health Information

Updates/or Summary:

• This policy has been revised and updated as part of the annual review process and includes additional language needed to clearly identify permitted uses and disclosures of public health information. All Division staff are encouraged to review the policy in its entirety.

Date: October 26, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

404 – Contractor Website and Member Information

- This policy has been revised to reflect recent updates as follows: Updates were made to reflect AHCCCS updates to ACOM 404 regarding font size, including removal of reference to 18-point font size for readability. Formatting changes were made to reflect current standards.
- Updates were made to reflect current AHCCCS requirements for how we have member information reviewed and what is required to be on our website. Requirements for bi-annual newsletter were updated to reflect current requirements.

Date: September 21, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

6002-G – Abuse and Neglect Reporting

Updates/or Summary:

• This policy was updated to add "emotional abuse" to the definition of abuse.

6003-M – Conducting All Meetings

Updates/or Summary:

• This policy has been retired. The content can now be found in Division Operations 6003-L and Division Operations 6001-D.

Date: June 29, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

449 – Behavioral Health Services for Children in DCS Custody and Adopted Children

Updates/or Summary:

• This policy was a delegation statement and has been developed into a new policy to ensure that the timely provision of behavioral health services to children eligible for Title XIX services who are residing with an out-of-home caregiver or children in out-of-home dependency with the Department of Child Safety (DCS), and to adopted children in accordance with A.R.S. § 8-512.01. The policy delineates the Division's roles and responsibilities with respect to oversight of the AdSS and the Division's role with respect to support coordination.

6002-F – Investigative Process

- Changes title of policy form Fact-Finding to Investigative Process to describe the content of the policy more accurately.
- Adds a definition section
- Clarifies that investigations are conducted only by qualified staff that have been trained.
- Clarifies that information gathering for non-quality of care (QOCs) may be conducted when appropriate.
- Revises formatting to provide clarity around the steps that are followed when investigations are conducted and describes coordination with other parties (such as other state agencies).
- Clarifies that the investigation process is tailored to the special needs of members with intellectual and developmental disabilities and in accordance with the principles of Trauma Informed Care.

Date: May 25, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Retired Policy:

1001-D – Program Values and Guiding Principles

• This policy has been retired. The information is now in Division Medical Policy Manual 1610 – Guiding Principles and Components of Support Coordination.

Date: March 30, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised/New Policy:

203 Claims Processing

- Removed the unnecessary definitions.
- Added provisions regarding receipt date of the claim.
- Added section regarding Claims System Audits provisions.
- Modified language throughout the policy for clarity.
- Updated formatting to conform with Policy Unit standards.

Date: March 16, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised/New Policy:

6002-D Members at Risk if Missing

Updates/or Summary:

- No substantive changes were made to vendor and Division staff responsibilities during and after an incident involving a missing member, but detail was added to make the responsibilities clearer.
- Adds detail about the Medallion program.
- Adds definitions to comport with AHCCCS contract.
- Makes formatting changes to comport with new Division template.
- Reorders provisions to improve readability and flow.

6002-G Abuse and Neglect Reporting

- No substantive changes were made to this policy which sets forth Division staff responsibilities for reporting suspected abuse or neglect of members to the Department of Child Services and Adult Protective Services. Detail was added to make the responsibilities clearer.
- Makes formatting changes to comport with new Division template
- Revises definitions to comport with statute.
- Reorders provisions to improve readability and flow.
- Adds district mailbox email addresses.
- Clarifies when reporting to tribal authorities is appropriate.

Date: March 2, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised/New Policy:

3003 Selection of Providers

- "District Nurse" incorporated throughout the policy
- Member selection of a Qualified Vendor changed from three business days to seven calendar days.
- Language regarding extensions removed.
- Sending a list of Qualified Vendors from the response received changed to sending the responses as the Division receives them.
- Vendor calls will remain open until a Qualified Vendor is assigned or the service is removed from the service plan.

Date: February 23, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised/New Policy:

435 Telephone Performance Standards and Reporting

- Clarified Purpose statement of the policy
- Added the definitions of "Member Grievance," "Member Inquiry," "Provider Grievance," and "Provider Inquiry."
- Streamlined the language in "Telephone Performance Measure Reports" section.
- Added new sections to specify the responsibilities of DDD Customer Service Center regarding member and provider inquiries.
- Modified language throughout the policy for clarity
- Updated formatting to conform with Policy Unit standards.

Date: February 16, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised/New Policy:

110 Mental Health Parity

Updates/or Summary:

- Added additional language detailing the Division's role and responsibilities to monitor and address mental health parity concerns throughout the year.
- Added additional language detailing the Division's role in monitoring and oversight of health plans.
- Removed sections not applicable to the DDD membership.

438 Administrative Services Subcontracts

- Clarified Purpose Statement.
- Updated the definitions of "Administrative Services Subcontracts" and "Provider."
- Removed the "Approval of Subcontracts" section.
- Added requirements in the "Additional Requirements" section.
- Incorporated "Telephone Performance Standards" section into "Telephone Performance Measure Reports" section and streamlined the language.
- Modified language throughout the policy for clarity.
- Updated formatting to conform with Policy Unit standards.

Date: January 26, 2022

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised/New Policy:

6002-I Incident and Quality of Care Concern Corrective Actions and Closure

Formerly called "Incident Closure and Corrective Actions." This policy sets forth requirements for assigning corrective action plans related to incidents and Quality of Care Concerns (QOCs) and closing cases. The revisions to the policy provide more detail for each of these areas. The most significant change is to clarify how an incident that is not QOC is processed. The policy also addresses closure for both an incident that is a QOC and one that is not.

- Corrective action plans
- Incident closure
- Duties of member's planning team following an incident.

Date: December 22, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

This policy outlines the timeline to maintain records related to the Medicaid line of business from the date of final payment under contract with Arizona Health Care Cost Containment System (AHCCCS).

REVISED POLICY

Policy 6001-I, Management and Maintenance of Records

- Changed the title of the policy to "Management and Maintenance of Records" by deleting the verbiage "Related to the Medicaid Line of Business."
- Updated the References.
- Expanded the retention period for Grievance and Appeal Records from five years to ten years.
- Modified language throughout the policy for clarity.
- Updated formatting corresponding with Policy Unit standards.

Date: November 17, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

This policy outlines the process whereby members receiving Home and Community Based Services (HCBS) may be required to make a financial contribution to the cost of their care. We have updated the section on Financial Contributions and Billing for Residential Services.

REVISED POLICY

4002 - Client Billing

- Updated the section on Financial Contributions and Billing for Residential Services by adding the term (Cost of Care Portion).
- Updated the content explaining how the Division calculates the Cost of Care Portion.
- Added a link to the Federal Poverty Guidelines web page.
- Added the reference to the statute: A.A.C. Chapter 6, Article 12, Cost of Care Portion.

Date: November 10, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

This policy has been revised to consolidate the notification section to make it easier to understand who it is that should notify DDD of a member's death. The revision also clarified the requirement for staff to open an Incident Report and enter it into the Incident Management System (IMS/Focus).

REVISED POLICY

6002-M - Mortality Review Process

- Updated the entire section on "Review Procedure" to make it consistent with today's current process.
- Identified the need to determine if the death is a QOC concern.
- Identified the need to update tracking data.
- Identified the need for the Mortality Review Committee to meet regularly to review the data.
- Clarified the need to identify if there may have been a system or process issue which contributed to the cause of death.
- Clarified the need to identify if there are any cases which may have had a preventable cause of death.

Date: October 1, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

DDD will be changing the name of the DDD American Indian Health Plan to the DDD Tribal Health Program (THP) on October 1, 2021.

Please refer to the DDD Tribal Relations page to learn more: <u>https://des.az.gov/services/disabilities/developmental-disabilities/individuals-and-families/ddd-tribal-relations</u>

The following policies have been revised to change the name from the DDD American Indian Health Plan to the DDD Tribal Health Program (THP)

REVISED POLICIES

- 109 Institution for Mental Disease 15 Day Limit
- 110 Mental Health Parity
- 446 Grievances and Investigations Concerning Persons with Serious Mental Illness
- 6003-I Arizona Longer Term Care Services Appeal Process
- 6003-K Claim Disputes

Date: September 15, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

REVISED POLICY

6003-R, Compliance Concern And Reporting Requirements

Reason For Changes:

A table with needed contact information was added.

Description:

This is a new policy that was created to ensure Division employees understand it is everyone's responsibility to assist in preventing, identifying, and reporting any suspicion of fraud, waste, and abuse of the Division's programs. Employees shall report fraud, waste, and abuse without retribution and retaliation of the individual reporting or filing a complaint.

Details:

- Employees shall report Fraud, Waste, and Abuse without retribution and retaliation of the individual of filing a complaint.
- Includes the various methods a report may be made to compliance.
- Outlines the information an employee shall provide when reporting fraud, waste, and abuse.
- States that the findings of the compliance investigation remain confidential.
- Division employees shall report legitimate concerns about legal, ethical, or quality of care issues.
- The Corporate Compliance Committee members or the established Corporate Compliance Program Integrity hotline is another means by which reporting may occur.

<u>RETIRED POLICY</u>

2007, Case Closures

- The following policy has been retired.
- The information previously found in 2007 Case Closures can now be found in Division Medical Policy 1620-N, Service Closure and Case Closures.

Date: September 8, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

NEW POLICY

6003-Q - Anti-Retaliation

Description:

This is a new policy that was created to protect employees who report compliance issues in good faith. This Policy ensures that no one is penalized for reporting what is honestly believed to be a compliance problem or for honestly participating in a compliance investigation.

Details:

- The Division is required by law to report certain compliance issues to state or federal agencies.
- To protect employees who report compliance issues in good faith.
- The Division is committed to correcting wrongdoing.
- The Compliance Officer will monitor to ensure those employees who report compliance issues in good faith do not become victims of retaliation.

6003-R, Compliance Concern Reporting Requirements

Description:

This is a new policy that was created to ensure Division employees understand it is everyone's responsibility to assist in preventing, identifying, and reporting any suspicion of fraud, waste, and abuse of the Division's programs. Employees shall report fraud, waste, and abuse without retribution and retaliation of the individual reporting or filing a complaint.

Description of Changes:

- Employees shall report Fraud, Waste, and Abuse without retribution and retaliation of the individual of filing a complaint.
- Includes the various methods a report may be made to compliance.
- Outlines the information an employee shall provide when reporting fraud, waste, and abuse.
- States that the findings of the compliance investigation remain confidential
- Division employees shall report legitimate concerns about legal, ethical, or quality of care issues.
- The Corporate Compliance Committee members or the established Corporate Compliance Program Integrity hotline is another means by which reporting may occur.

6003-S, Compliance Program Training and Education

Description:

This is a new policy that was created to establish the processes for the mandatory compliance training and routine dissemination of information related to compliance activities. The Division will provide education and training related to compliance requirements and standards, and promote an organizational culture of ethics and compliance, and provide an environment in which stakeholders can act in good faith without fear of retaliation.

Description:

- The Corporate Compliance Officer will oversee Division procedures for providing education and training are followed.
- The Corporate Compliance Officer or designee is responsible for ensuring that all new Division employees and associates receive Compliance Program Orientation Training within 90 days of hire.
- The Corporate Compliance Officer or designee in coordination with OPD, is responsible for ensuring that all Division employees receive Compliance Program Refresher Training every calendar year.
- The Corporate Compliance Officer is responsible for ensuring that Division employees are informed of compliance regulatory changes, events, and news, as it relates to Division services.

6003-T, COMPLIANCE PROGRAM INTEGRITY HOTLINE

Description:

This is a new policy that was created to establish a process for maintaining the Compliance Program Integrity Hotline. This policy outlines how to make a call to the hotline, how calls are handled once received by the hotline, and how calls are reviewed.

Details:

- The Compliance Program Integrity Hotline will serve as a confidential reporting option for the Division and the community it serves, including its stakeholders.
- Reports may be made to the Compliance Program Integrity Hotline anonymously and all calls are treated as confidential.
- The findings of a compliance investigation are confidential to protect all involved in the investigation process.
- The Division Corporate Compliance Officer or designee will review all calls and assess the appropriate next steps.

6003-U, Corporate Compliance Program Documentation

Description:

This is a new policy that was created to outline the process for establishing documentation creation, maintenance, and retention procedures for compliance activities. This policy is needed because documentation is a key factor in the determination of a Compliance Program's effectiveness.

Details:

• The Corporate Compliance Officer will ensure procedures for document controls are followed.

• Outlines the various types of documentation that the Compliance Officer is responsible for collecting, maintaining, disseminating, auditing, etc.

6003-V, Division Program Integrity Standards

Description:

This a new policy that was created to engage the Division in pre-employment screening to ensure the integrity of the Division's workforce and to safeguard the welfare of Division members. This policy outlines the requirements applicants must take through the hiring process, including a reference and background check, to ensure and maintain program integrity upon being hired by the Division.

Details:

- The Division shall not knowingly employ or associate with any person who has engaged in illegal or unethical behavior and/or has been convicted of health care-related crimes.
- Applicants will be subjected to reference and background checks as part of the hiring process.

6003-N, Oral and Written Regulatory Inquiries

Description:

This is a new policy that was created to identify that the Corporate Compliance Officer or designee shall ensure the log for regulatory inquiries is completed daily to comply with applicable statutes, regulations, contractual program requirements and maintain the integrity of the Compliance Program.

Details:

- This policy pertains to oral and written communication disseminated to the Division's enrolled members and to the content of the Division's website.
- Any internal or external requests for documentation must be tracked in a log and this log must be maintained by the Corporate Compliance Officer.

6003-O, Responding to Government Audits

Description:

This is a new policy that was created to establish a procedure for responding to government audits, interviews, and investigations beyond routine claims reviews. The Division's policy requires the implementation of internal controls to provide reasonable cooperation with government authorities while at the same time protecting the rights of the Division and its employees.

- Provides guidance to employees who receive a non-routine request for communication from a governmental official.
- Provides guidance to employees on how to handle an unannounced visit by a governmental official.
- Provides guidance to employees for instances where they may be interviewed by governmental officials.

• Provides guidance to employees who may be present during a search by governmental officials.

6003-P, Standards of Conduct

Description:

This is a new policy that was created to establish the Standards of Conduct for Division Employees. This policy ensures the Standards of Conduct reflect the Corporate Compliance approach to ensuring adherence to the Division's basic values.

- The Division complies with all applicable laws and regulations and does not take unfair advantage of anyone through manipulation, concealment, abuse of privileged information, misrepresentation of material facts or any other unfair dealing.
- The Division respects members by maintaining confidentiality.
- Each employee has the right to work in a positive environment.
- The Division or its employees never offer, accept, or gives bribes or kickbacks.
- Preventing the loss, damage, misuse, or theft of State property is the responsibility of all employees.
- Any Division information that is valuable, and in some cases kept confidential, is proprietary information of the Division.
- It is the Division's policy to cooperate with other government entities inquiries.
- Allegations of Division staff and provider suspected misconduct involving Standards of Conduct, Ethics and Conflict of Interest, and violations of federal/state, laws, regulations and/or contractual obligations.

Date: August 11, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

NEW POLICY

Policy 5000, Reinsurance

This policy has been created in compliance with AHCCCS requirements.

Reinsurance is a stop-loss program provided by AHCCCS to the Division of Developmental Disabilities (Division) for the partial reimbursement of covered medical services incurred for a member beyond an annual deductible level. The Arizona Health Care Cost Containment System (AHCCCS) is self-insured for the reinsurance program, which is characterized by an initial deductible level and a subsequent coinsurance percentage. This risk-sharing program is available when the provisions delineated in this policy, the AHCCCS Medical Policy Manual (AMPM) and the contract are met. Failure to comply with any of the provisions in the contract, this policy, or other program materials may result in denial of reinsurance reimbursement.

Date: July 28, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

REVISED POLICY

6002-N, Fraud and False Claims

Policy Description: This is a revised policy that describes the Division's policies on Medicaid fraud, waste, and abuse. It is based on federal and state laws that regulate fraud, waste, and abuse.

Revisions include:

- Definitions were updated to align with the AHCCCS definitions.
- In the "Prevention and Detection" section, formatting was updated to improve consistency with related Division policies.
- In the "False Claims Act" section, the penalties for violating the FCA were updated.
- Minor grammatical and sentence structure changes were made to improve readability throughout the policy.

Date: July 6, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

RETIRED POLICY

2001, Planning Team Meetings

This policy is being retired due to the implementation of the Person Centered Service Plan.

2002, Planning Meetings

This policy is being retired due to the implementation of the Person Centered Service Plan.

2003, Planning Documents

This policy is being retired due to the implementation of the Person Centered Service Plan.

2004, Service Authorization

This policy is being retired due to the implementation of the Person Centered Service Plan.

Division of Developmental Disabilities Operations Policy Notification

Date: May 24, 2021

The policy identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

Revised Policy

6003-K, Claim Disputes

Update the new name for the Comprehensive Medical and Dental Program (CMDP) to Comprehensive Health Plan (CHP).

Division of Developmental Disabilities Operations Policy Notification

Date: March 24, 2021

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website. Please send any questions to <u>DDDPolicy@azdes.gov</u>.

New Policy:

110, Mental Health Parity

This Policy applies to the Division's covered American Indian Health Plan (AIHP) population, which is managed as a Fee-For-Service (FFS) program along with the Division's oversight of each Administrative Services Subcontractor (AdSS). This Policy outlines the requirements to achieve and maintain compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) 42 CFR Part 457 and 42 CFR Part 438.

Updates/or Summary:

- Amended delegation to AdSS language to develop Division policy.
- Added language to specify application of the policy.
- Added Definitions section.
- Added Policy sections to include MHPAEA Final Rule, Mental Health Parity Analysis Requirements, Standard Parity Requirements, and Events Warranting a Parity Analysis by the Division or AdSS.

Revised Policy

3003, Selection of Providers

Updates/or Summary:

This policy has undergone substantial revisions due to the recent implementation of the new statewide non-residential vendor call process. The revisions reflect the improvements made to the non-residential vendor call process relating to the selection of providers; revisions to clarify the existing residential vendor call process related to the selection of providers; and general updating of language and terminology. The policy should be reviewed by all applicable staff.

No changes were made to the residential vendor call process.

Retire Policy

3005, Notification of Network Changes

Updates/or Summary:

This policy is being retired as it is duplicative and no longer needed.

Operations Policy Manual Notification

Date: February 24, 2021

Revision Effective Date: February 24, 2021

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

Chapter 109 – Institution for Mental Disease 15 Day Limit

This policy establishes requirements the Division will follow for compliance with managed care regulations regarding enrollees who are patients in an institution for mental disease. Revisions were made to align with AHCCCS policy.

- Amended delegation to AdSS language to develop Division policy.
- Updated Language in Purpose section.
- Added Definitions section.
- Added Policy section.
- Added Requirements section.
- Added Capitation Recoupment section.
- Added Members Turning 21 Or 65 Years of Age section.

Operations Policy Manual Notification

Date: February 24, 2021

Revision Effective Date: February 24, 2021

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

Chapter 4004-I – Ledgers Maintained by Providers

The purpose of this policy is to establish the requirements for maintaining ledgers of funds for Division of Developmental Disabilities (the Division) members.

Updates/or Summary:

• Deleted an email address under *Ledgers, Section A.3.*, because it is no longer current.

Operations Policy Manual Notification

Date: December 16, 2020

Effective Date: December 16, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Policy Amendment:

4004 H - Member Funds - Provider Responsibilities

Policy Description:

The policy establishes the Qualified Vendor responsibilities and role in the Member's fund.

Policy Amendment:

• Updating term *original* to *legible* in this policy due to an update in the corresponding Operation Manual Policy, 4004-I Ledgers Maintained by Providers.

Operations Policy Manual Notification

Date: December 2, 2020

Effective Date: December 2, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

4004 I - Ledgers Maintained by Providers

Policy Description:

The policy establishes the Division's requirements for Member Funds collective saving and checking account when the Division is approved by the Social Security Administration (SSA) to become the Representative Payee for a member

Revision Details:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Removed outdated Client Fund definitions.
- Added Member Fund language.
- Established the Division's role for Member funds.
- Removed "original receipt" and changed to "Receipt must be legible."

Please send any questions to <u>DDDPolicy@azdes.gov</u>.

Division of Developmental Disabilities

Operations Policy Manual Notification

Approval Date: 10/28/2020

Revision Effective Date: 10/28/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

1005-C, Authorized Representative for ALTCS Benefits

Revised Policy:

- The Support Coordinator should not be the authorized representative unless absolutely no one else is available.
- Before agreeing to becoming an authorized representative for an individual applying for ALTCS benefits, the Support Coordinator must have approval from the Support Coordinator's District Program Manager (DPM) or designee (ALTCS Eligibility Policy and Procedure Manual).

Operations Policy Manual Notification

Revision Effective Date: 09/30/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

4004-A – Member Funds - Definitions

Policy Description:

The policy establishes the definitions for the Division's Client Funds.

Revised Policy:

- Updated definitions to align with SSA and AHCCCS requirements.
- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Added language regarding Division's members who have the right to refuse an interview conducted by Law Enforcement.
- The title of this policy changed to "Member Funds Definitions."

<u>4004-B – Member Funds Systems</u>

Policy Description:

The policy establishes the Division's requirements for Member Funds collective saving and checking account when the Division is approved by the Social Security Administration (SSA) to become the Representative Payee for a member

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Removed outdated Client Fund definitions.
- Added Member Fund language.
- Established the Division's role for Member funds.

4004-C – General Requirements

Policy Description:

The relevant content in this policy has been moved to other Member Funds policies in this section and re-aligned to cover specific topics in greater depth. This policy number is being reserved for future use.

4004–D - Responsibilities

Policy Description:

The policy establishes the roles of the Division and staff for Client Funds.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information

4004-E – Safeguarding Member Funds

Policy Description:

The policy describes how the Division of Developmental Disabilities (the Division, DDD) responsibilities as the Representative Payee Management of Accounts.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Updating funds transfer language to align with SSA and AHCCCS.
- Moved Representative Payee Request information to 4004-B Client Funds System.

4004-G – Disbursing Member Funds

Policy Description:

The policy describes how the Division distributes Member funds.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information.

<u>4004-H – Member Funds – Provider Responsibilities</u>

Policy Description:

The policy establishes the Qualified Vendor responsibilities and role in the Member's fund.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Added gift card purchases requirement
- Updated the Client Fund language to the most recent Division language
- Clarified Qualified Vendor responsibilities and role in the policy.
- The title of this policy changed to "Member Funds Provider Responsibilities."

4004 K – Administration of Member Funds

Policy Description:

The policy describes how the Division administers member funds in accordance with the intent of the individual or entity providing the funds.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Added funds to be used to pay for administration, supplies, equipment or services, reconciliation against receipts for all expenditures, additional requirements on how the administration should not use funds.
- Removed items of policy and moved them to other policies.
- The title of this policy changed to "Administration of Member Funds."

4004-L – Reviewing Member's Accounts

Policy Description:

The relevant content in this policy has been moved to other Member Funds policies in this section and re-aligned to cover specific topics in greater depth. This policy number is being reserved for future use.

<u>4004 – M - Changes in Member Status</u>

Policy Description:

The policy describes how the Division handles changes in Member status, the Support Coordinator role, and the role of reporting to the Social Security Administration.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Removed information regarding reporting to another related policy

<u>4004-0 – Termination of Member's Account or Change in Representative Payee</u>

Policy Description:

The policy describes when the Division is notified that there is a change in the Member's account or Representative Payee.

Revised Policy:

- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Changes and clarification to Client funds requirement in the event of Member's death, representative payee and inactive accounts.
- The title of this policy changed to " Termination of a Member's Account or Change in Representative Payee."

Operations Policy Manual Notification

Date: July 1, 2020

Effective Date: July 1, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

6005 – A Compliance Program Charter

Policy Description:

The purpose of this policy is to establish the Division's implementation of the compliance program, policies and procedures designed to address any identified regulatory risks facing the Division, and assist with the oversight responsibility for the Division's contractual and regulatory compliance, and standards of conduct.

New Policy:

The Division created a new policy to comply with AHCCCS contractual requirements.

Operations Policy Manual Notification

Date: July 1, 2020

Effective Date: July 1, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

6005 – B Compliance Investigation

Policy Description:

The purpose of this policy is to ensure a prompt and appropriate investigation of compliance concerns and allegations.

New Policy:

The Division created a new policy to comply with AHCCCS contractual requirements.

Operations Policy Manual Notification

Date: 5/27/2020

Revision Effective Date: 5/27/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

Operations 6003-K Claim Disputes

Reason for changes: Corporate Compliance Recommendation

Impact to members: Greater Clarity

Impact to providers: Greater Clarity

Policy Description: Claim Disputes

Revisions:

Explicitly states DDD and AdSS prohibit punitive action against a provider for requesting expedited review of a member's appeal.

Date: 5/27/2020

Revision Effective Date: 5/27/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

Operations 6003-I Arizona Long Term Care Services Appeal Process

Reason for changes: Corporate Compliance Recommendation

Impact to members: Greater Clarity

Impact to providers: Greater Clarity

Policy Description: Arizona Long Term Care Services Appeal Process

Revisions:

Revisions are intended to align Division policy to AHCCCS policy.

Operations Policy Manual Notification

Date: 4/29/2020

Revision Effective Date: 4/29/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

101 Marketing

Policy Description:

This policy establishes guidelines and restrictions for the Division regarding marketing activities related to members.

Revisions:

Minor text edits to clarify the language.

Operations Policy Manual Notification

Date: April 29, 2020

Effective Date: April 29, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policy:

108 - Security Rule Compliance

Policy Description:

The policy establishes security rule compliance requirements for the Division.

The Division created a new policy to align with the AHCCCS policy.

Operation Policy Manual Notification

Date: April 29, 2020

Effective Date: April 29, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policy:

<u>320 – Health Insurance Provider Fee</u>

Policy Description:

The purpose of this Policy is to define what the Division will submit to AHCCCS and the process by which AHCCCS will provide funding to the Division for the Health Insurance Provider Fee.

The Division contracts with Administrative Services Subcontractors (AdSS) and delegates responsibility to the AdSS.

Operations Policy Manual Notification

Date: April 29, 2020

Effective Date: April 29, 2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policy:

418 - Provider & Affiliate Advances, Equity Distributions, Loans, & Investments

Policy Description: This Policy establishes requirements for Division regarding advances, equity distributions loans, loan guarantees, and investments; including but not limited to,-those to providers and related-parties or affiliates including another fund or line of business within the Division's organization.

New Policy:

• The Division created a new policy to align with the AHCCCS policy.

Operations Policy Manual Notification

Date: 4/29/2020

Revision Effective Date: 4/29/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

6003-A Definitions

Policy Description:

Definition of a member grievance.

Revisions:

Updated the definition of a member grievance.

Operations Policy Manual Notification

Date: 4/29/2020

Revision Effective Date: 4/29/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

6003-G State Only and Arizona Long Term Care System Grievance Process

Policy Description:

State only and Arizona Long Term Care System Grievance Process.

Revisions:

Policy is revised to include definitions of member and provider grievance.

Operation Policy Manual Notification

Date: 03/26/2020

Effective Date: 03/26/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice. The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

Revised Policy:

109, Institution for Mental Disease 15 Day Limit

Policy Description:

The purpose of this policy is the payments to MCOs or Prepaid Inpatient Health Plans (PIHPs) for enrollees that are a patient in an institution for mental disease.

Revision:

Edited the first paragraph:

This policy establishes processes and the Division's requirements for compliance with managed care regulation 42 CFR 438.6(e), "Payments to MCOs or Prepaid Inpatient Health Plans (PIHPs) for enrollees that are a patient in an institution for mental disease."

Removed this sentence:

This policy applies to the Division of Developmental Disabilities (Division).

Operation Policy Manual Notification

Date: 03/25/2020

Effective Date: 03/25/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice. The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

109, Institution for Mental Disease 15 Day Limit

Policy Description:

The purpose of this policy is the payments to MCOs or Prepaid Inpatient Health Plans (PIHPs) for enrollees that are a patient in an institution for mental disease.

New:

The Division contracts with Administrative Services Subcontractors (AdSS) and delegates responsibility to the AdSS.

Operation Policy Manual Notification

Date: 03/25/2020

Effective Date: 03/25/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice. The new policy identified below will be posted to the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

431, Copayment

Policy Description:

The purpose of this policy to establish the requirement for copayments.

New:

The Division created a new policy establishing that Members are not responsible for copayments.

Operations Policy Manual Notification

Date: 02/05/2020

Revision Effective Date: 02/05/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

6003-A, Definitions

Policy Description: The policy provides a list of definitions that applies to Grievances and Appeals in the Operations Manual.

Revision:

- Updated for format and grammar.
- Added a new definition, "Provider Grievance," to the policy.
- Changed the phrasing of the "Member Grievance" definition.

Operations Policy Manual Notification

Date: 01/29/2020

Revision Effective Date: 01/29/2020

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

New Policy:

6004 – G. Monitoring and Oversight

Policy Description:

This policy establishes requirements for the internal auditing, monitoring, and oversight of Long-Term Services and Supports (LTSS) provided by the Division

New:

The Division created a new policy to ensure that the Division is compliant with AHCCCS requirements. The policy implements a continuous, formal monitoring mechanism and compliance assurance auditing of various operational areas across the Division conducted by Cooperate Compliance.

Operations Policy Manual Notification

Date: 12/18/2019

Revision Effective Date: 12/18/2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revision Policy:

6002-F Fact Finding

• This policy was revised to add language regarding the right of the Division's members to refuse an interview conducted by Law Enforcement.

Operations Policy Manual Notification

Date: 12/04/2019

Revision Effective Date: 12/04/2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policies & Rules</u> screen on the Division's website.

Revised Policy

446 GRIEVANCES AND INVESTIGATIONS CONCERNING PERSONS WITH SERIOUS MENTAL ILLNESS

Policy Description: This Policy applies to the Division of Developmental Disabilities and their subcontractors and outlines procedures related to grievances and investigations conducted by AHCCCS and the subcontractors under A.A.C. R9-21-402 et seq. concerning persons with a Serious Mental Illness (SMI).

Revisions:

- Subsection D. was added to the policy. D asserts in relevant part: "Support Coordinators must complete DDD-2044A FORENG (11-19) Serious Mental Illness Grievance and Appeal Form and send the form to DDD Customer Service Center (CSC) for the Division's internal use when a member with an SMI designation wants to file a grievance or appeal. This serves as the Division's notice of the grievance and appeal. The notice will allow the Division to effectively monitor the grievance or appeal and ensure it is resolved by the proper entity and within the required timeframe."
- Moreover, the abbreviation CSC is used in the following subsection, Subsection E, to refer to DDD Customer Service Center in accordance with the appropriate analytical rules. The Division created a new policy for the AdSS to align with AHCCCS policy.

Operations Policy Manual Notification

Date: 11/20/2019

Revision Effective Date: 11/20/2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policies & Rules</u> screen on the Division's website.

Revised Policy

4002 Client Billing

Policy Description: The policy describes how the Division pursues payment for the HCBS services provided by the Division.

Revision: Ensures that the Qualified Vendors and the Division meet their contract obligations;

• Changed (35) days, to (30) days, where indicated in the policy.

Operations Policy Manual Notification

Date: 11/06/2019

Revision Effective Date: 11/6/2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policies & Rules</u> screen on the Division's website.

New Policy:

205 Ground Ambulance Transportation Reimbursement Requirements for Non-Contracted Providers

Policy Description: The policy outlines how the Division pursues reimbursement for ambulance transportation services by non-contracted providers.

New Policy:

• The Division developed a new policy to align with the AHCCCS policy.

Revised Policy

1006 Health Care Directives / Advance Directives (AHCD)

Revision: A new law was passed -- Addendum pertaining to DNR for Unemancipated Minors;

• The Division revised the current policy to ensure that it adheres to the law.

Date: October 9, 2019

Revision Effective Date: October 1, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

The following policy has been developed, revised, or reserved for 10/1/19 integration changes, and updates are aligned with the AHCCCS contract.

New Policy

446 Grievances and Investigations Concerning Persons with Serious Mental Illness

Revision: New DDD policy created; outlines the procedure related to grievances and investigations conducted by AHCCCS and the subcontractors under A.A.C. R9-21-402 et seq. concerning persons with a Serious Mental Illness (SMI).

- Establishes process for members to follow
- Establishes process for providers to follow

Date: October 1, 2019

Revision Effective Date: October 1, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

The following policies have been developed, revised, or reserved for 10/1/19 integration changes, and updates are aligned with the AHCCCS contract.

Revised Policies:

203 Claims Processing

• This policy was revised to comply with changes to ACOM 203.

404 Contractor Website and Member Information

• This policy title was revised from "Member Information Materials" to "Contractor Website and Member Information Materials". This policy was revised to align with ACOM 404.

416 Provider Network Information

• This policy was revised to include criteria for identifying provider locations that provide access, equipment, and accommodations for members with physical or cognitive disabilities. Designation of an Employment Coordinator as the statewide point of contact for referrals of members requesting employment was added.

417 Appointment Availability, Monitoring and Reporting

• The section on additional behavioral health appointment standards for CRS was removed due to 10/1/19 integration activities. Instructions on completing ACOM 417 Attachment A were identified as duplicative and removed. The section on Tracking and Reporting was revised for clarity.

436 Network Standards

• This policy was revised for 10/1/9 integration and minor formatting for clarity. References to CRS Contractor were changed to AdSS throughout.

2001 Planning Team Members Roles and Responsibilities

• The title of this policy was changed from "Planning Team Members" to "Planning Team Members Roles and Responsibilities". The policy was revised to clarify additional planning team members that may be part of the team. A section was added to outline the Planning Team Members' Roles and Responsibilities.

2002 Planning Meetings

• This policy was revised to include a purpose statement. References to RBHA involvement were changed to behavioral health involvement. Language was added to clarify scheduling subsequent meetings.

6002-N Fraud and False Claims

 Additional definitions were added to the definitions section. The section on Prevention and Detection was expanded upon for clarity and consistency. The contact information of DDD Corporate Compliance Unit was updated along with a link to the online referral form. Added language regarding the DDD Corporate Compliance Committee meeting at least quarterly and outlined the required attendees. Added language regarding the information presented at the Corporate Compliance Committee and the Committee's purpose.

6003-I Arizona Long Term Care Services Appeal Process

• This policy was revised to include definitions and applicability and non-applicability sections. A section on Responsible Entity for the Appeals Process was added. Sections were added to outline the appeal process regarding SMI and Non-SMI members.

6003-K Claim Disputes

• This policy was revised to include definitions and an applicability section. The policy was expanded upon and formatted for flow and clarity. Sections on Overturned or Reversed Claims Disputes and State Fair Hearings were added.

6004-F Compliance Program

• This policy was reorganized and formatted for better flow. Definitions were added. Added list of required attendees at the DDD Corporate Compliance Committee meetings. Added language regarding the seven key elements of compliance. Added an expanded section on Corporate Compliance Program Oversight. Claims and Business Operations were added to list of employees that are trained. Encounters Report and HIPAA Violations Report were added to the Reports section.

New Policies:

101 Marketing

• New policy stating that the Division does not engage in marketing activities as defined by AHCCCS.

103 Fraud, Waste and Abuse

• New policy outlining the requirements and responsibilities of the Division for alleged fraud, waste, and abuse.

110 Mental Health Parity

• New policy with delegation statement to AdSS Policy.

305 Performance Bond and Equity Per Member Requirements

• New policy with delegation statement to AdSS Policy.

314 Auto-Assignment Algorithm

• New policy outlining the method used to auto-assign members to an AdSS if a member does not select an AdSS.

<u>321 Payment Reform – E-Prescribing</u>

• New policy with delegation statement to AdSS policy.

406 Member Handbook and Provider Directory

• New policy outlining Division requirements for the Member Handbook and Provider Directory to comply with ACOM 406.

414 Requirements for Service Authorization Decisions and Notices of Adverse Benefit

• New policy outlining Division requirements for services authorization decisions and NOAs.

424 Verification of Receipt of Paid Services

• New policy providing an outline for verifying member receipt of paid services according to Federal and contractual requirements to identify potential service/claim fraud.

1001-D Program Values and Guiding Principles

• New policy outlining the Division's program values and guiding principles in providing long term services and supports to members.

Date: 09/04/2019

Revision Effective Date: 9/04/2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

Chapter 6002-B Incident Management System (IMS) Definitions

Policy Description: The policy describes how the Division pursues and recovers costs of care incurred by the Division and the member's health plan.

Revision:

Revision to the "Neglect" definition according to Senate Bill 1538, removing phrase "a **pattern** of conduct resulting in a...". "Added phrases supervision, cooling, heating," and "a vulnerable adult's minimum".

Revised Policy:

Chapter 6002-G Abuse and Neglect

Policy Description: The policy describes how the Division pursues and recovers costs of care incurred by the Division and the member's health plan.

Revision:

- Revision to the "Neglect" definition according to Senate Bill 1538, removing phrase "a pattern of conduct resulting in a...". "Added phrases supervision, cooling, heating," and "a vulnerable adult's minimum".
- According to House Bill 2008, added section in the policy clarifying the Supervisor role regarding reporting requirements.

Date: 08/14/2019

Revision Effective Date: 08/14/2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

Chapter 6003-B - Informal Resolution/Grievance Process Non-Arizona Long Term Care Services

Revision:

• Added language to clearly indicate that individuals with SMI and CRS designation can also file grievances.

Revised Policy:

<u>Chapter 6003-G – Arizona Long Term Care Service Grievance Process</u>

Revision:

• Added language to clearly indicate that individuals with SMI and CRS designation can also file grievances.

New Policy Effective Date: 10/01/2019

New Policy:

Chapter 435 - Telephone Performance Standards and Reporting

Policy Description: This Policy establishes Contractor standards and reporting requirements regarding the Contractor's performance when handling member and provider telephone calls.

Operations Policy Manual Notification

Date: July 10, 2019

Revision Effective Date: July 10, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

1003, District Independent Oversight Committees

• This policy was revised to reflect recent statutory changes and general annual review updates including: Human Rights Committee changed to Independent Oversight Committee, including policy name change. Two additional categories, Social Work and Criminal Justice, were added to committee membership composition. Frequency of committee meetings changed from six times per calendar year to quarterly each calendar year. Clarification of process used to appoint committee members.

412, Claims Recoupment

- Changed title from "Claims Reprocessing" to "Claims Recoupment."
- Updated formatting corresponding with Policy Unit standards.
- Removed outdated or unnecessary information
- Updated policy to correspond with AHCCCS recoupment requirements

6003-H, Arizona Long Term Care Service Notice of Adverse Benefit Determination

- Changed term from *Notice of Action* to *Notice of Adverse Benefit Determination*.
- Changed the title of the Policy to reflect the correct term.

Operations Policy Manual Notification

Date: May 29, 2019

Revision Effective Date: May 29, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

6001-F, Case Records

• Specified contents of case records, including records authorizing the release of education and protected health information.

6003-I, Arizona Long Term Care System Appeal Process

• Changed nomenclature and contact information. Stated an expedited resolution of appeal may be requested when the appeal is filed.

6003-K, Claim Disputes

• Changed nomenclature and contact information. Stated that OAR will submit the documents to the DES Appellate Services Administration/ALTCS no later than five working days after the request for hearing.

Date: April 24, 2019

Revision Effective Date: April 24, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

4001 Third Party Liability

• Included the "Third Party Liability Recovery" section aligning with the AHCCCS policy.

6003-J Arizona Long Term Care Services State Fair Hearing Process

• Changed "Office of Compliance and Review" to "Office of Administrative Review" throughout; specified that OAR will submit the file to AHCCCS within five business days and that the file will include a completed AHCCCS Submission of Request for Hearing form.

Operations Policy Manual Notification

Date: April 10, 2019

Revision Effective Date: April 10, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

<u>6003-B, Informal Resolution/Grievance Process Non-Arizona Long Term Care</u> <u>Services</u>

• Updated Division contact information and stated that the Division will notify the member's responsible person within 10 business days or the resolution of the grievance or no later than 90 calendar days from receipt of a grievance.

6003-G, Arizona Long Term Care Service Grievance Process

• Updated Division contact information, stated that the Division may acknowledge receipt of a grievance electronically, and stated that the Division will give written notice of a grievance decision within 10 business days or no later than 90 calendar days after the Division receives a grievance.

Date: March 20, 2019

Revision Effective Date: March 20, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies:

4002 Client Billing

- Replacement of "Department" with the more specific "Office of Accounts Receivable and Collections (OARC)" for clarification.
- Addition of statement requiring the financially responsible person to report any lump sum payments from the benefit source to the Division. An additional statement that the "Revenue Desk" must bill a portion of those funds.
- Changed "Office of Compliance and Review" to "Office of Administrative Review."

Operations Policy Manual Notification

Date: January 16, 2019

Revision Effective Date: January 16, 2019

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policies:

417, Appointment Availability

 New policy to reflect AHCCCS requirements. This policy establishes appointment accessibility and availability standards to ensure Administrative Services Subcontractor (AdSS) compliance with the Division's network sufficiency requirements. The standards outlined in this policy establish a common process for the Division to monitor and report AdSS provider appointment accessibility and availability to AHCCCS. The policy requirements in this policy do not apply to emergency conditions.

Revised Policies:

436, Network Standards

 This policy was revised to reflect recent changes in AHCCCS Contractor Operations Manual (ACOM) 436. Changes include the addition of a "Definitions" section, definitions of counties and districts, statewide time and distance network standards, and network oversight requirements.

Operations Policy Manual Notification

Date: November 29, 2018

Revision Effective Date: November 29, 2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policies:

<u>449, Behavioral Health Services for Children in Department of Child Safety Custody</u> and Adopted Children

New policy to state only the following: "The Division contracts with Administrative Services Subcontractors (AdSS) and delegates responsibility for providing certain services in a manner that is compliant with law, its contract, and Division policy. See AdSS Operations Manual Policy 449 Behavioral Health Services for Children in Department of Child Safety Custody and Adopted Children for the Division policy governing AdSS responsibilities regarding this topic."

Date: 10/24/2018

Removed Policy:

<u> 314 – Auto-Assignment Algorithm</u>

This policy is being removed because it is not approved for use at the current time.

Date: 10/10/2018

Effective Date: 10/10/2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policies:

<u> 314 – Auto-Assignment Algorithm</u>

This policy describes the method used by the Division to auto-assign members to an Administrative Services Subcontractor (AdSS) and the assignment of available models.

Revised Policies:

2002 – Planning Meeting

Added "If the responsible person requests an alternate site for the planning meeting, the Support Coordinator must document the request and the reason in the progress notes. Planning meetings at an alternative site should be the exception and should not be at the convenience of the Support Coordinator or provider. If the planning meeting occurs at an alternate site, the member must be present. If the member is not present for this alternative site meeting, the Support Coordinator must visit the member's residence and the member must be present for this visit. Both the planning meeting and the visit to the member's residence, must occur prior to the planning meeting due date.

Operations Policy Manual Notification

Date: October 1, 2018

Revision Effective Date: October 1, 2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policies:

302, Prior Period Coverage Reconciliation: Administrative Services Subcontractors

• New policy that outlines the Division's process to recoup/reimburse a percentage of the Administrative Services Subcontractor's profit or loss for risk groups.

325, Access to Professional Services Initiative and Reconciliation

• New policy that outlines the guidelines regarding the Access to Professional Services Initiative and related reconciliation and limits the financial risk of the AdSS.

407, Workforce Development

• This is a new policy that corresponds to ACOM 407, which has the same name. Division Operations Policy 407 describes Division requirements and technical assistance to the provider regarding monitoring and collecting of information about the workforce, collaborative planning of workforce development initiatives.

415, Provider Network Development and Management Plan; Periodic Network Reporting Requirements

• This is a new policy that corresponds to ACOM 415, which has the same name. Division Operations Policy 415 explains how the Division complies with the requirements of ACOM 415 regarding Division reporting to AHCCCS.

426, Children's Rehabilitative Services Application, Designation and Coverage

 Policy consists only of the following: "The Division contracts with Administrative Services Subcontractors (AdSS) and delegates responsibility for providing certain services in a manner that is compliant with law, its contract, and Division policy. See AdSS Operations Manual Policy 426 Children's Rehabilitative Services Application, Designation and Coverage for the Division policy governing AdSS responsibilities regarding this topic."

Revised Policies:

317, Change in Organizational Structure

- Policy was enhanced to include:
 - A Definitions section
 - Statements indicating that a change in organizational structure may require amendments to the Division's contract with AHCCCS and/or the AdSS contract with the Division, and Division's termination of the contract if the Division determines that the change is not in the best interest of the state.

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Date: June 13, 2018

Revision Effective Date: June 13, 2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Policy & Rules</u> screen on the Division's website.

Revised Policies

2003 – Planning Document

• Clarifies what a Managed Risk Agreement includes and when it should be used.

Date: April 18, 2018

Revision Effective Date: April 18, 2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Oversight & Policy</u> screen on the Division's website.

Revised Policies:

2002 – Planning Meetings

• The number of meetings required to be held in the member's residence has changed from once to at least twice annually.

Please send any questions to <u>DDDPolicy@azdes.gov</u>. Division of Developmental Disabilities

Operations Policy Manual Notification

Date: February 21, 2018

Revision Effective Date: April 2, 2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policy:

104, Continuity of Operations and Recovery/Emergency Preparedness Plan

 New policy that outlines the Continuity of Operations and Recovery Plan, for the Division of Developmental Disabilities (DDD), including the Continuity of Operations and Recovery Plan/Emergency Preparedness Plan for the Division's Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs/IID), in conformance with CMS Final Rule 42 CFR 483.475, "Medicare and Medicaid Programs, Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers;" and in conformance with ACOM 104.

Please send any questions to <u>DDDPolicy@azdes.gov</u>. Division of Developmental Disabilities Operations Policy Manual Notification

Date: January 3, 2018

Revision Effective Date: February 5, 2018

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

3003 Selection of Providers

Changes to this policy include:

- Selection of a Qualified Vendor This section was enhanced to outline when the selection of a new provider may be required: New service is authorized, change in Qualified Vendor is requested, the member/member responsible person requests a change of a Qualified Vendor outside of the planning meeting.
- Identification of the process after a Vendor has been selected and the selection has been added to the members planning document. Describe options on how the member/member representative might choose to select a Qualified Vendor or Independent Provider and identification of a vendor by the member or Vendor Call.
- Description of the selection through the Vendor Call process which includes specific timeframes for members, vendors, and the Division.
- Revision of Selection of Providers through the Independent Provider Vendor Call Process. The Division has a small number of Independent Providers who contract directly via an Independent Provider Agreement (IPA). This Division is not expanding this program. Exceptions may be considered on a case by case basis if a network sufficiency exists to meet a specific member's needs.

Please send any questions to <u>DDDPolicy@azdes.gov</u>. Division of Developmental Disabilities Operations Policy Manual Notification

Date: November 29, 2017

Revision Effective Date: November 29, 2017

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The policies identified below may be viewed by accessing the <u>Oversight & Policy</u> screen on the Division's website.

Revised Policies

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policies present a consistent voice.

6002-B Incident Management System (IMS) Definitions

- Changed "and no provider is present at the time of death" to "and no provider is being paid for service provision at the time of death."
- Changed Client Intervention Techniques to "Prevention and Support Intervention Techniques."

6002-C Reporting Requirements

• Added requirement that the provider notify the District of a serious incident "to include the submission of a detailed incident report.

6002-D Members At Risk if Missing

• Added requirement that Support Coordination complete an Incident Call Report and submit it to the District Quality Unit Incident Report Mailbox within 24 hours.

6002-E Incident Reports

• Added a note stating that if electronic incident reports are completed/submitted from a hand-written document, those documents must be maintained and provided to the Division, upon request

6002-G Abuse and Neglect

• Required that the Support Coordinator complete an Incident Call Report and submit it to the District Incident Report mailbox.

6002-H Referral to Other Investigative Agencies

• Added "Chief Quality Officer" and "Corporate Compliance Unit" to the list of entities permitted to refer incidents for investigation to the DES Office of Special Investigations.

6002-I Incident Closure and Corrective Actions

• Added requirement that Planning Team reconvene to discuss the incident and review the need for any changes in the Risk Assessment to ensure the health and safety of the member.

6002-J Trending for Quality Improvement

• Added requirement that the Division's Central Office designee prepare a Statewide Incident Summary Report "quarterly and/or" annually.

6002-M Mortality Review Process

• Specified that the Support Coordinator complete an Incident Call Report and submit it to the District Quality Unit's Incident Report mailbox.

6002-N Fraud and False Claims

• Changed Division contact unit name and phone number.

Please send any questions to <u>DDDPolicy@azdes.gov</u>. Division of Developmental Disabilities Operations Policy Manual Notification

Date: August 25, 2017

Revision Effective Date: August 25, 2017

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

4004-L Reviewing Member's Accounts

This policy has been revised to recognize the use of hardship requests and delete a reference to Community Living Service funds (which have not been used since 2009).

Please send any questions to <u>DDDPolicy@azdes.gov</u>. Division of Developmental Disabilities Operations Policy Manual Notification

Date: August 18, 2017

Revision Effective Date: August 18, 2017

Corrections to Operations Manual

There were no policy changes; corrections to the Operations Policy Manual include:

• Corrected Chapter 1000 Table of Contents (TOC) to accurately identify all Chapter 1000 policies, linked the TOC to the policies, and incorporated the corrected Chapter 1000 into the Operations Policy Manual and the complete set of all policy manuals.

Division of Developmental Disabilities Operations Policy Manual Notification

Date: February 17, 2017

Revision Effective Date: February 17, 2017

Revised Policy:

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

CHAPTER 6000 ADMINISTRATIVE OPERATIONS:

6001-F Case Records

- Added "if needed" and "if applicable" to clarify that certain records are condition specific.
- Updated Unit name and database name.
- Reformatted to current standards.

6001-H Records Storage and Security

- Changed "inactive" to "closed/terminated" and "files" to "records."
- Updated form names.
- Reformatted to current standards.

Division of Developmental Disabilities Operations Policy Manual Notification

Date: October 21, 2016

Revision Effective Date: October 21, 2016

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

Revised Policy:

Operations Policy Manual, Policy 2002 Planning Meetings

• Changed "Meeting Location" section to incorporate AHCCCS wording:

"Review visits are to be conducted where the member receives services, including service settings both inside and outside of the member's home as described below. At a minimum, Support Coordinators will conduct review visits with a member in his or her home at least once annually in order to evaluate the living environment, identify potential barriers to quality care, and assess for unmet needs. If a member receives services outside of the home, at a minimum, a review visit must be conducted at one of the member's service setting locations. At the election of the member or member's representative, remaining visits may be conducted at an alternate location that is not a service setting. The location of each review visit, whether at a service setting location or an alternate site, must be determined by the member or member's representative and not for the convenience of the Support Coordinator or providers. The choice of location by the member/representative must be documented in the member file.

"If a Support Coordinator is unable to conduct a review visit as specified above due to the refusal by the member and/or the member's representative to comply with these provisions, services cannot be evaluated for medical necessity and therefore, will not be authorized. A Notice of Action must then be issued to the member setting forth the reasons for the denial/discontinuance of services." Please send any questions to <u>DDDPolicy@azdes.gov</u>. Division of Developmental Disabilities

Operations Manual Notification

Date: October 4, 2016

Revision Effective Date: September 30, 2016

No language in the body of the policy was changed, the titles and revision dates were combined.

The Division has combined the following policies:

CHAPTER 1000:

1004-B CONSENT TO MEDICAL TREATMENT OF INCAPACITATED ADULTS,

1004-C CONSENT TO MEDICAL TREATMENT OF MINORS

1004-D CONSENT TO MEDICAL TREATMENT OF INCAPACITATED MINORS

CHAPTER 1000:

1005-A GUARDIANSHIP AND CONSERVATORSHIP

1005-B SURROGATE PARENT

Division of Developmental Disabilities Operations Policy Manual Notification

Date: August 12, 2016 Revision Effective Date: August 12, 2016

Rescinded Policy:

Chapter 1001 Credo Vision and Values

• This policy was rescinded due to the duplicative nature of its content.

Division of Developmental Disabilities Operations Policy Manual Notification

Date: July 22, 2016 Revision Effective Date: July 22, 2016

Revised Policy:

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

CHAPTER 6000 ADMINISTRATIVE OPERATIONS:

6003-B-INFORMAL RESOLUTION/GRIEVANCE PROCESS NON-ARIZONA LONG TERM CARE SERVICES

- Changed "Servies" to "Services" in Title.
- Changed "Consumer and Family Support" to "Family and Community Resources."
- Changed "Consumer Resolution Tracking System" to "Resolution System."

Revision History:

The July 15, 2016 revision history was corrected from "Chapter 2500 referral and placement services: 540-other care coordination issues" to "Chapter 2000 Support Coordination, 2005 Referral and Placement in Services" to include the correct chapter and subchapter number and name.

Division of Developmental Disabilities Operations Policy Manual Notification

Date: July 15, 2016 Revision Effective Date: July 15, 2016

Revised Policy:

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

CHAPTER 2000 SUPPORT COORDINATION

2005 REFERRAL AND PLACEMENT IN SERVICES

• Removed the word "Foster" when referenced in relation to Developmental Homes. **

**This policy was revised to comply with the 52nd Legislature, 2nd Regular Session House Bill 2099 (developmental disabilities; terminology; settings) – Chapter 286

Division of Developmental Disabilities Operations Policy Manual Notification

Date: June 13, 2016

Revision Effective Date: June 10, 2016

New Policies:

Historically the Division has used AHCCCS policies and the Division's contract with AHCCCS to inform staff, providers, and stakeholders of the Division's requirements not available in the policy manual. Using this method, it became apparent that there was confusion as to what applied to the Division and what did not apply; the Division implemented a plan to resolve this confusion. In October 2015, the Division began aligning the Division policy manuals with AHCCCS policy manuals by creating the Operations and Medical Manuals to go along with the Eligibility, Behavior Supports, and Provider Manuals. This revision is the second phase of this plan, memorializing current practices into one of the five policy manuals.

CHAPTER 400 – OPERATIONS

439 MATERIAL CHANGES: PROVIDER NETWORK AND BUSINESS OPERATIONS

This policy explains how the Division evaluates changes, to business operations or to the provider network, for the impact of such changes on members and providers. This policy defines the types of changes that may impact members and providers and required notifications.

CHAPTER 6000 – ADMINISTRATIVE OPERATIONS:

6004-F - COMPLIANCE PROGRAM

Explained the Division's Compliance Program, including identification of responsibility for the program's structure and implementation, and the components of the Compliance Program.

Revised Policies:

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

CHAPTER 2000 - SUPPORT COORDINATION:

2003 – PLANNING DOCUMENT

- Added statement," The Risk Assessment is the Division's Managed Risk Agreement as required in AHCCCS policy."
- Added statement, "The CA160 screen will be printed and placed in the member file."

2004 – SERVICE AUTHORIZATION

The language "The specific authorization requirements for each service are indicated in the Service Provision Guidelines sections in Chapter 600" was removed as it was no longer a current reference.

CHAPTER 3000 - SUPPORT COORDINATION:

3003 - SELECTION OF PROVIDERS

- Stated that the Division does not discriminate against providers who serve high-risk populations or providers who specialize in conditions that result in costly treatment.
- Incorporated vendor call information from Policy 3004.
- Reorganized the policy for clarity.

CHAPTER 6000 - ADMINISTRATIVE OPERATIONS:

6002 - N FRAUD AND FALSE CLAIMS

- Removed the word "Consumer" in reference to the Resolution Unit.
- Removed reference to Office of Compliance and Review to reflect current practice.
- Identified the Division's Compliance Unit as the department that reports fraud/false claims to AHCCCS.

6003 - G ARIZONA LONG TERM CARE SERVICE GRIEVANCE PROCESS

 Removed "Consumer" in all references to the "Consumer Resolution Tracking System."

6003 - I ARIZONA LONG TERM CARE SERVICES APPEALS PROCESS

- Added "within 60 calendar days after the date of the Notice of action" in the second paragraph.
- Address and contact information for OCR was updated.

- "At the time the appeal is filed, the member/responsible person/authorized representative may request an expedited appeal" was added in the third paragraph.
- The word standard was added prior to the word appeal and the word appeal was made plural in the third paragraph.
- "In person or in writing" was added prior to "at any time during the appeal process" in the fourth paragraph.
- "The Division ensures the member/responsible person/authorized representative is included as a party to the appeal process" was added at the end of the fourth paragraph.
- "Standard" was added prior to "Appeal Resolution Timeframe" in the heading after the fourth paragraph.
- Added "...follow the standard appeal resolution timeframe and the appeal will be resolved" in the third paragraph on the second page.
- "The Notice of Appeal Resolution is issued to the member/responsible person/authorized representative" was added to the fifth paragraph on the second page.
- "If the Notice of Appeal Resolution is reversed, OCR will notify Support Coordination and the Health Plan, as appropriate. Upon notification services will be provided expeditiously as the member's health condition requires. If services were requested to continue pending resolution of the appeal, the Division has the right to recover the cost of services from the member when the Notice of Appeal Resolution is upheld." Was added as the last paragraph of this policy.

6003 – J ARIZONA LONG TERM CARE SERVICES FAIR HEARING PROCESS

- Site code was omitted to conform with mailing
- Added "a cover letter, copy of the entire file" in the second paragraph after "This file will include..."
- Added "and the appellant" after the record supplied by OCR in the fourth paragraph.

6003 - K CLAIM DISPUTES

- Deleted Site Code
- Added "The Division or the Division subcontracted health plans date all claim disputes upon receipt," in the fourth paragraph.
- "All claim disputes are thoroughly investigated using applicable authorities and facts obtained from all parties. The Division will issue a letter to the provider if there is a mutual agreement to extend the decision due date to allow the Division to make a decision or allow the provider additional time to submit supporting documentation. All extensions must be agreed upon by both parties" was added in the sixth paragraph.

• Added "...complies with regulatory and contractual requirements" after "the notice of action decision" in the sixth paragraph.

Rescinded Policy: CHAPTER 3000 - SUPPORT COODINATION

3004 VENDOR CALL PROCESS

• This policy was rescinded as it was incorporated into chapter 3003 Selection of Providers.

Revision History:

An incomplete posting was discovered and has been corrected. It was noticed that the Revision to 3002 Home and Community Based Service Delivery revision was posted online in the chapter only. The error has been remedied.

The Revision history from May 20, 2016 noted 2002-D Planning Meetings, the D has been removed from the revision history to reflect the title 2002 Planning Meetings.

Division of Developmental Disabilities Operations Policy Manual

Date: May 20, 2016 Revision Effective Date: May 20, 2016

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policies:

Historically the Division has used AHCCCS policies and the Division's contract with AHCCCS to inform staff, providers, and stakeholders of the Division's requirements not available in the policy manual. Using this method, it became apparent that there was confusion as to what applied to the Division and what did not apply; the Division implemented a plan to resolve this confusion. In October 2015, the Division began aligning the Division policy manuals with AHCCCS policy manuals by creating the Operations and Medical Manuals to go along with the Eligibility, Behavior Supports, and Provider Manuals. This revision is the second phase of this plan, memorializing current practices into one of the five policy manuals.

CHAPTER 400 OPERATIONS:

412 CLAIMS REPROCESSING

• This policy identifies potential causes for payment review, methods used in internal claim review, the process by which recoupments are made, and Corrective Action Plan requirements.

CHAPTER 6000 ADMINISTRATIVE OPERATIONS:

6004-E OPERATIONAL REVIEWS

• This policy identifies the objectives of performing operational reviews of Division Contractors, defines the types of operational reviews that may be performed, and specifies timelines related to operational reviews.

Revised Policy:

CHAPTER 2000 SUPPORT COORDINATION:

2002 PLANNING MEETINGS

- Removed the word "all" in reference to planning meetings in this policy.
- Re-arranged the section "Meeting Location" by moving the phrase "The Support Coordinator may also visit any setting where the member receives services," from the beginning of the section to the end of the section.

CHAPTER 6000 ADMINISTRATIVE OPERATIONS:

6003-L ATTORNEYS AT PLANNING MEETINGS

- Redefined the scope of this policy to include the Division's requirements, rights, and recommendations regarding the presence of attorneys at Planning Meetings.
- Removed references to tape recording and added reference to audio recording.

6002-D MEMBERS AT RISK IF MISSING

• Removed the phrase, "Unless approval has been obtained from the Division's Assistant Director/Designee."

Division of Developmental Disabilities Operations Policy Manual

Date: May 13, 2016 Revision Effective Date: May 13, 2016

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

New Policies:

Historically the Division has used AHCCCS policies and the Division's contract with AHCCCS to inform staff, providers, and stakeholders of the Division's requirements not available in the policy manual. Using this method, it became apparent that there was confusion as to what applied to the Division and what did not apply; the Division implemented a plan to resolve this confusion. In October 2015, the Division began aligning the Division policy manuals with AHCCCS policy manuals by creating the Operations and Medical Manuals to go along with the Eligibility, Behavior Supports, and Provider Manuals. This revision is the second phase of this plan, memorializing current practices into one of the five policy manuals.

CHAPTER 200 CLAIMS:

203 CLAIMS PROCESSING

• This policy stipulates requirements for the adjudication and payment of claims.

CHAPTER 300 FINANCIAL:

317 CHANGE IN ORGANIZATIONAL STRUCTURE

• This policy identifies the requirements for submitting changes in the Division's organizational structure and its responsibility of monitoring and evaluating changes in organizational structure.

CHAPTER 400 OPERATIONS:

404 MEMBER INFORMATION MATERIALS

• This policy outlines the requirements for obtaining approval of member information materials from the Arizona Health Care Cost Containment System.

416 PROVIDER NETWORK INFORMATION

• This policy outlines provider information requirements and the content of the Division's website.

436 NETWORK STANDARDS

• This policy provides clarification on the Division's provider network sufficiency and oversight.

438 ADMINISTRATIVE SERVICES SUBCONTRACTS

• This policy provides guidelines and requirements for Administrative Services Subcontracts, monitoring subcontractor performance, reporting performance review results, and notifying the appropriate entity of subcontractor noncompliance and corrective action plans.

Revised Policy:

CHAPTER 1000 MEMBERS AND FAMILIES:

1006 HEALTH CARE DIRECTIVES/ ADVANCE DIRECTIVES

- In the first paragraph the following phrase was added: "The Division will prevent discrimination against a member, and will not place conditions on the provisions of care to the member, because of his/her decisions to execute or not execute an advance directive."
- Under E "call 9-1-1 and provide CPR" was added in between "staff is required to..." and "CPR". The word "initiate" was removed.
- The language under F was clarified, "1. Has a DNR and not in hospice" the word "start" was removed and replaced with the word "provide"
- The language under F was clarified, "2. Has a DNR and in hospice" the word "if" was replaced with the word "when"
- The language under F, 3, was added "3. No DNR: Direct care staff persons will call 9-1-1 and provide CPR until there is a licensed healthcare provider present."

Division of Developmental Disabilities Operations Manual Notification

Date: Friday, March 25, 2016

Revision Effective Date: March 25, 2016

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The Division has posted revisions to the Operations Manual as follows:

CHAPTER 2000:

SECTION 2007 CASE CLOSURE

• Under "Notification of Case Closure," changed reference from "as described in Chapter 2200" (which was a reference to a location in the prior Policy Manual) to read "as described in this policy manual."

Division of Developmental Disabilities Operations Manual Notification

Date: Friday, February 26, 2016

Revision Effective Date: February 26, 2016

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The Division has posted revisions to the Operations Manual as follows:

CHAPTER 2000:

SECTION 2003 PLANNING DOCUMENT

- In the first paragraph the words "behavioral heal services, and" were added after "community based services"
- "(e.g., Annual Plan, Reassessment of the Planning Document, Changes in the ISP, cover sheet)" was added in section "H" after the words "Planning Document"
- The words "for the future" were added after the word "vision" in the section "Vision and Priorities"
- The words "develop and teach" were added after the words, "The selected provider shall."
- Back-Up plans were changed to "Contingency Plan" to match style and form name.
- "Providing care to the member in an institutional setting" was added after "compared to the cost of" and the language "an Intermediate Care Facility for Individuals with an Intellectual Disability (ICF/IID) was removed.
- All forms were edited to reflect official form name.
- Old references to Member Rights and Responsibilities were replaced with "Notice of Action (NOA) requirements in policy."
- Under "B. Alternative placements," the phrase "of the cost of serving the member in an institutional setting" were added and the words "CES threshold" were removed.

SECTION 2002 PLANNING MEETINGS

- All form names were edited to reflect the name of the official form.
- Assisted Living Centers and Assisted Living Homes were added in parentheses after each reference of Assisted Living Facilities.

- Working days was changed to business days throughout
- The language, "The written notice given at the end of each planning meeting serves as the 10 days written notice" was added under Scheduling Subsequent Meetings. The language, "In addition, the Support Coordinator shall provide the team members written notice of upcoming annual planning meetings at least 10 days in advance" was removed.
- Re-formatted outline to match Division style.

CHAPTER 3000:

SECTION 3001 FAMILY MEMBERS AS PAID PROVIDERS

- The language in "E. A single family member who is...." was removed.
- The language in "J. Qualified family members may...." was removed.
- In the first paragraph "through a Qualified Vendor" was added after "family members may be paid through."
- Under B., after "A spouse of a," the words "member eligible for the Division" were added and the phrase "under specific circumstances" was added after the words "their spouse."

SECTION 3002 HOME AND COMMUNITY BASED SERVICE DELIVERY

- The sections "Traditional," "Agency with Choice," and "Individual Independent" were added back in from the previous manual.
- "Co-employment" was replaced by "partnership" throughout.

An incomplete posting was discovered in the January 29, 2016 posting and was corrected. It was noticed that the revisions were not updated online in each chapter of the manual; they were posted online in the complete set of manuals only. The error has been remedied.

Division of Developmental Disabilities Operations Manual Notification

Date: Friday, January 29, 2016

Revision Effective Date: Friday, January 29, 2016

All revisions include structural and grammatical changes. The structure and grammar changes support clarity and ensure all newly developed and revised policy present a consistent voice.

The Division has posted revisions to the Operations Manual as follows:

CHAPTER 6000 ADMINISTRATIVE OPERATIONS GRIEVANCE AND APPEALS:

6003-C APPEAL PROCESS FOR MEMBERS WHO RECEIVE STATE FUNDED SERVICES

Language clarification that the abbreviation OCR stands for Office of Compliance and Review.

6003-J ARIZONA LONG TERM CARE SERVICES FAIR HEARING PROCESS

Language clarification that the abbreviation OCR stands for Office of Compliance and Review.

6003-K CLAIM DISPUTES

Language clarification that the abbreviation OCR stands for Office of Compliance and Review.

6003-M CONDUCTING ALL MEETINGS

Language clarification that the abbreviation OCR stands for Office of Compliance and Review.