



Division of Developmental Disabilities

# POLICY REVISION HISTORY

## Provider Manual

July 1, 2020	December 26, 2018	November 10, 2016
March 4, 2020	October 1, 2018	October 14, 2016
October 1, 2019	August 22, 2018	August 12, 2016
September 11, 2019	August 15, 2018	August 5, 2016
August 28, 2019	June 27, 2018	June 17, 2016
August 21, 2019	June 20, 2018	June 10, 2016
July 31, 2019	May 30, 2018	May 27, 2016
June 26, 2019	May 16, 2018	May 13, 2016
May 8, 2019	April 25, 2018	January 29, 2016
April 3, 2019	April 18, 2018	May 1, 2015
January 16, 2019	March 7, 2018	April 17, 2015
	February 14, 2018	April 6, 2015
	January 3, 2018	April 6, 2015
	December 13, 2017	April 1, 2015
	September 22, 2017	September 15, 2014
	September 15, 2017	August 1, 2014
	July 14, 2017	April 16, 2014
	June 23, 2017	
	June 9, 2017	
	May 31, 2017	
	May 26, 2017	
	May 5, 2017	
	April 28, 2017	

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

# Provider Policy Manual Notification

**Date:** July 1, 2020

**Revision 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.

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## **Chapter 3 – Provider Service Departments**

This is a revised policy that applies to Qualified Vendors for the Division of Developmental Disabilities. This policy establishes the responsibilities of the Customer Service Department.

### **Revised Policy:**

- Removing an obsolete phone number 602-542-0419.
- Correcting provider customer service email.
- Adding the Customer Service 24 hours response time.

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Division of Developmental Disabilities

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### **Chapter 22 – Formulary Information**

This is a revised policy that provides members and providers with the formulary and/or Preferred Drug List (PDL) for the Division's preferred health plans. This policy provides current web addresses to these online resources.

#### **Revised Policy:**

- Updated with the current web addresses of the subcontracted health plans' formularies.
- Updated with the web address for Optum.
- Updates with the current web address to AHCCCS pharmacy updates.

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Division of Developmental Disabilities

## Provider Policy Manual Notification

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### **Chapter 58 – Medication Management Services**

This is a revised policy that provides members and providers with information on the Division's guidelines for the Primary Care Providers' (PSPs') ability to treat behavioral health conditions within their scope of practice.

#### **Revised Policy:**

- Updated the first paragraph to align more closely with the AHCCCS-DDD contract.
- Added the details on Medication Assisted Treatment.
- Added the details on Step Therapy.
- Added the details on Tool Kits.

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** 3/4/2020

**Revision Effective Date:** 3/4/2020

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 [Policies & Rules](#) screen on the Division's website.

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### Revised Policy

#### **35, Progress Reporting Requirement**

**Policy Description:** The policy describes the progress reports and other documentation which must be developed and maintained by the vendor based on the service(s) being provided.

**Revisions:** *Clarifies the document requirements needed to obtain the initial request, and future evaluation(s), for Therapy Services – includes the Initial Evaluation, Plan of Care, Reevaluation and Plan of Care Recertification, and Progress Reporting.*

- The minimum required elements to include in a progress report;
  - The requirement to develop a Plan of Care as part of the therapy process and the timing;
  - The need to submit quarterly progress reports, with a list of team members/roles who should see them;
  - The need to complete treatment of a skilled service encounter and obtain the provider signature at the end of every treatment;
  - And expands the list of considerations for types of member difficulties within the Home/School/Work setting.
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Division of Developmental Disabilities  
**Provider Policy Manual Notification**

**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 [Policy & Rules](#) 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.

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**Revised Policies:**

**2 Provider Responsibilities and Expectations**

- This policy was revised to include language about using phone or WebEx technology for planning meetings.

**10 Referrals to Specialists**

- The behavioral health section of this policy was revised to reflect 10/1/19 integration. The phone number for DDD Customer Service was updated to the toll free number, 844-770-9500.

**20 Fraud Waste and Abuse**

- This policy was revised to include policy objectives. Definitions and examples of fraud were added. A new section on Prevention and Detection was added. Specific topics for provider training and education requirements were added. The contact information of DDD Corporate Compliance Unit was updated along with a link to the online referral form.

**21 False Claims Act**

- This policy was revised to include policy overview, objectives, and definitions. A section on the False Claims Act and a section on Training for providers were added.

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Division of Developmental Disabilities  
**Provider Policy Manual**  
**Notification**

**Date:** 09/11/2019

**Revision Effective Date:** 9/11/2019

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.

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**Revised Policy:**

**12. Billing and Claim Submission**

**Policy Description:** This policy contains general information related to the Division of Developmental Disabilities (the Division) claims submission by Providers.

**Revision:**

- Changing title from "Billing and Encounter Submission" to "Billing and Claim Submission."
  - Clarifying the Division and Provider responsibilities for claims submission and billing.
  - Updated formatting corresponding with Policy Unit standards.
  - Updated policy to correspond with AHCCCS recoupment requirements.
  - Delineates the claims submission frequency and requirements for providers.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** 08/28/2019

**Revision Effective Date:** 08/28/2019

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 [Policy & Rules](#) screen on the Division's website.

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### **Revised Policies:**

#### **11, ALTCS Grievances, Claim Disputes, and Appeals**

#### **Revisions:**

- Update to the address – their office location has changed to:

Division of Developmental Disabilities  
Office of Administrative Review  
4000 North Central Avenue, 3rd Floor, Suite 301  
Mail Drop 2HE5  
Phoenix, Arizona 85012

602-771-8163 or 1-855-888-3106

All phone and fax numbers are the same. Please call the OAR main number at (602) 771-8163, with any questions.

- Update to the title:  
Office of Compliance and Review has changed to:  
Office of Administrative Review (OAR)
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** 08/21/2019

**Revision Effective Date:** 08/21/2019

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The policies identified below may be viewed by accessing the [Policy & Rules](#) screen on the Division's website.

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### Revised Policies:

#### **47, Managing Vendor Call Lists, Provider Directories, Scope of Services and Reporting Requirements**

**Reason for changes:** To add "cultural and linguistic capabilities and special accessibility features" language.

**Impact to members:** No impact.

**Impact to providers:** No impact.

**Policy Description:** Outlines the process used by a Qualified Vendor to amend or make changes to the Qualified Vendor Agreement; staff requirements to update Provider Directories and Vendor Call Lists.

### Revisions:

- Title change from Maintenance of Vendor Call Lists, Provider Directories, and Reporting Diminishing Scope of Services to Managing Vendor Call Lists, Provider Directories, Scope of Services and Reporting Requirements.
- Added language, "... the cultural and linguistic capabilities and special accessibility features," to reflect information contained in form DDD 1821A.
- General grammatical/sentence structure updates and revisions for clarity and consistency purposes.

#### **61, HCBS Certification and Provider Registration**

**Reason for changes:** Some changes were related to the 10/1/2019 implementation of the DDD Health Plan initiative. The changes to the roster will increase accountability for agencies to maintain worker compliance standards.

**Impact to members:** *With the increased accountability related to the roster, we hope to increase systemic compliancy around worker qualification requirements. There will be no immediate felt impact for members.*

**Impact to providers:** *Agencies completing HCBS certification through the OLCR tracking application are required to update the staff roster every 30 days. The policy provides guidance for agencies contracted with an MCO and agencies with a specialty contract.*

**Policy Description:** The policy provides guidance for HCBS agencies that are contracted with a Managed Care Organization. For Qualified Vendors using the Focus application, the policy clarifies that the Focus-based roster must be updated at 30-day intervals. The policy also contains new content addressing HCBS certification for specialty contractors.

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Division of Developmental Disabilities  
**Provider Policy Manual Notification**

**Date:** July 31, 2019

**Revision Effective Date:** July 31, 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 [Policy & Rules](#) screen on the Division's website.

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**Revised Policies:**

**16, Remittance Advice, Eligibility, and Cost Sharing**

*Reason for changes:* Aligning with AHCCCS requirements

*Impact to members:* No impact to member activities

*Impact to providers:* Ensures that the Division meet their contract obligations.

**Policy Description:** This policy contains general information related to the Division of Developmental Disabilities (the Division) remittance advice, eligibility, and cost sharing.

**Revisions:**

- Changed title from "Remittance Advice, Reimbursement, and Cost Sharing" to "Remittance Advice, Eligibility, and Cost Sharing."
  - Clarifying the Division and Provider responsibilities for claim replacements.
  - Added eligibility section including Prior Period Coverage requirements
  - Added overpayment protocol and recoupment information
  - Updated formatting corresponding with Policy Unit standards.
  - Updated policy to correspond with AHCCCS recoupment requirements.
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** June 26, 2019

**Revision Effective Date:** June 26, 2019

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The policies identified below may be viewed by accessing the [Policy & Rules](#) screen on the Division's website.

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**Revised Policies:**

**35, Progress Reporting Requirement**

Updated to clarify the instructions for progress reports.

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** May 8, 2019

**Revision Effective Date:** May 8, 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 [Policy & Rules](#) screen on the Division's website.

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### **New Policies:**

#### **63, Workforce Development**

- This is a new policy that describes Qualified Vendor requirements to implement workforce development initiatives, which include monitoring and collection of information about the workforce, collaborative planning of workforce development initiatives, and participation in Division-directed initiatives.
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### **Revised Policies:**

#### **30, Clinical Practice Guidelines**

- Removed reference to the National Guideline Clearinghouse; provided Division website location of the Division's Clinical Practice Guidelines.
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** April 3, 2019

**Revision Effective Date:** April 3, 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 [Policy & Rules](#) screen on the Division's website.

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### **New Policies:**

#### **52, Daily Habilitation Staffing Schedule – Group Homes and Individually Designed Living Arrangements**

- This policy describes the process for preparing and submitting a Daily Habilitation Staffing Schedule for approval for Group Homes and Individually Designed Living Arrangements (IDLA).

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### **Revised Policies:**

#### **46, Agency With Choice**

- Revised to correct phone number and replace non-functioning links with functioning links.
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Division of Developmental Disabilities

## Provider 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.

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### **Revised Policies:**

#### **23, Appointment Standards**

- Revised to reflect current practice, clarify existing text, and to add standards for behavioral health.

#### **25, Enrollment Verification**

- Corrected phone number reference.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** December 26, 2018

**Revision Effective Date:** December 26, 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.

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### **Revised Policies:**

#### **51, Oversight and Monitoring of Developmental Home Services**

This policy applies to Qualified Vendors for the Division of Developmental Disabilities. This policy was created to define the roles or responsibilities of the Division, define the licensing system, and outline the training requirements for new QV's.

The following changes were made:

- Added "Report Changes" to title.
  - Added a section describing the Division's duties, which include managing Network, maintaining capacity accuracy, and supporting membership.
  - Added a section explaining the bed holds requirements and specifications.
  - Removed unnecessary words.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** October 1, 2018

**Revision Effective Date:** October 1, 2018

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**Revised Policies:**

**59, Benefit Coordination and Fiscal Responsibility for Behavioral Health Services and Physical Health Services**

- Policy was revised to include definitions from AHCCCS Operations Policy 432.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** August 15, 2018

**Revision Effective Date:** August 22, 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.

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**Revised Policies:**

**8, Maternity and Family Planning**

- Language regarding covered services was moved to Medical Policy Manual.
  - Added references to Medical Policy Manual 410 Maternity Care Services and 420 Family Planning.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** August 15, 2018

**Revision Effective Date:** August 15, 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.

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### **New Policy:**

#### **51 – Oversight and Monitoring of Developmental Home Services**

This is a new policy that applies to Qualified Vendors for the Division of Developmental Disabilities. This policy was created to define the roles or responsibilities of the Division, define the licensing system, and outline the training requirements for new QV's.

The policy also includes additional information and changes based on public comments. The following are some of the public comments:

- Changing monitoring visit from 120 to 90 days.
  - Updating language, "Children deemed likely to be eligible for Division services may be placed upon approval by the Division staff."
  - The Home Study and Assessment training referenced in Chapter 51 will be offered with increased frequency.
  - Updating language, "New placement visits must be completed within 7 days of placement and once per week during the first four weeks of placement for licensees providing developmental home services for the first time."
  - Updating language, "The licensee selects a Qualified Vendor based on individual preference; however, licensee may not transfer from one Qualified Vendor to another if the license is within 90 days of expiration."
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** June 27, 2018

**Revision Effective Date:** June 27, 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 [Policy & Rules](#) screen on the Division's website.

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**Revised Policies:**

**16 – Remittance Advice, Reimbursement, and Cost Sharing**

- Added reference to AHCCCS Fee-For-Service Provider Manual
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** June 20, 2018

**Revision Effective Date:** June 20, 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.

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### **Revised Policies:**

#### **61 – Home and Community Based Services (HCBS) Certification and Provider Registration.**

Revised policy to:

- State that a fingerprint card must be included in the application packet unless the applicant is exempted per A.R.S. § 36-594.01
  - Clarify that a home inspection (Life Safety Inspection) must be completed by OLCR prior to services being delivered in the setting
  - Provide instructions regarding the requirement that Qualified Vendor Agencies or individuals with a Qualified Vendor Agreement complete the HCBS Certification process online through the Division's Focus application.
  - Include Division physical and email addresses to be used when sending certain information to the Division.
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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** May 30, 2018

**Revision Effective Date:** May 30, 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 [Policy & Rules](#) screen on the Division's website.

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### **Revised Policies:**

#### **16, Remittance Advice, Reimbursement, and Cost Sharing**

- Added language explaining what remittance advice is and what it consists of.
- Added a section that outlines the Division's cost sharing responsibilities and provides examples.

#### **59, Benefit Coordination and Fiscal Responsibility for Behavioral Health Services and Physical Health Services**

- Expanded language to clarify in more detail payment responsibilities and coordination for physical and behavioral health services.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** May 16, 2018

**Revision Effective Date:** May 16, 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 [Oversight & Policy](#) screen on the Division's website.

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### **Revised Policies:**

#### **3, Provider Service Department**

- Updated DDD Customer Service Center phone numbers, included details of data collected, and clarified language of provider grievance (complaint)
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** 4/25/18

**Revision Effective Date:** 4/25/18

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 [Oversight & Policy](#) screen on the Division's website.

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### **Revised Policies:**

#### **57, A Third Party Liability: Introduction**

- Added service code Intensive Care Facilities (ICM). Providers billing with an ICM service must bill the "Other Payors/Third Party Liability (TPL)" first.

#### **57, E Third Party Liability: DES/DDD Waiver Requests**

- Added language "certified Medicare provider." Providers must obtain a Medicare B Explanation of Benefits and submit it to the Division with a DES/DDD waiver.

#### **57, FAQ Appendix**

- Changed language to "certified Medicare providers." All providers must be certified with Medicare. Providers must obtain a Medicare B Explanation of Benefits and submit it to the Division with a DES/DDD waiver.
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**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 [Oversight & Policy](#) screen on the Division's website.

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### **Revised Policies:**

#### **20, Fraud, Waste, and Abuse**

- Added an additional means for a provider to report an incident of potential/suspected fraud, waste or abuse to the Division within one business day of becoming aware of an incident; AHCCCS OIG webpage added:  
<https://www.azahcccs.gov/Fraud/AboutOIG/>
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** March 7, 2018

**Revision Effective Date:** March 7, 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.

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### **Revised Policies:**

#### **6, Early and Periodic Screening, Diagnosis and Treatment**

Policy language was corrected to state "members age 20 years and under" to reflect AHCCCS requirement.

#### **22, Formulary Information**

This policy was revised to:

- State that, when the Division receives formulary updates from AHCCCS, they are reviewed and sent to the Division's Pharmacy Benefits Manager for eligible American Indian members. The Division's subcontracted health plans receive formulary updates from AHCCCS and post updates to formulary information on their websites.
  - Update websites that receive pharmacy updates directly from AHCCCS or a list of medication by classification and brand/generic names:  
<https://www.azahcccs.gov/PlansProviders/Pharmacy/>
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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

# Provider Policy Manual Notification

**Date:** February 14, 2018

**Revision Effective Date:** February 14, 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.

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## **Revised Policies:**

### **3, Provider Service Department**

- Replaced "United Community Plan" with the correct health plan name "UnitedHealthCare Community Plan." Changed "Grievance and inquiry resolution" to "Grievance System and inquiry resolution."

### **5, Emergency Room Utilization**

- Added a section to describe non-emergent services, and the appropriate after hours at non-emergency facilities. The policy provides examples of non-emergency services.
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Division of Developmental Disabilities

## Provider 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.

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### **New Policy:**

#### **50, Vendor Call Requirements for Qualified Vendors**

This policy explains:

- Requirements of the Qualified Vendor in the vendor call process, explaining the process of responding to Vendor Calls, random auto-assignment, direct referral/calls, and Vendor selection.
  - Timeframes during the selection process and a description of the requirements after a vendor has been selected.
  - Requirement that the Qualified Vendor must have designated staff and e-mail address to receive vendor calls.
-

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Division of Developmental Disabilities

# Provider Policy Manual Notification

**Date:** December 13, 2017

**Revision Effective Date:** December 13, 2017

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The policies identified below may be viewed by accessing the [Oversight & Policy](#) screen on the Division's website.

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## **Revised Policies:**

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### **1, Introduction to the Division of Developmental Disabilities**

- This policy was revised to replace "Arizona Physicians Independent Physician Association" with "UnitedHealthcare Community Plan" in a list of health plans.
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** September 22, 2017

**Revision Effective Date:** September 22, 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.

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### **New Policy:**

#### **Chapter 62, Qualified Vendor Management of Gaps in Critical Services.**

This is a new policy that applies to Qualified Vendors (QVs) of the Division of Developmental Disabilities (Division). This policy establishes requirements and timeframes for responding to, and reporting, gaps in critical services to Arizona Long Term Care (ALTCS) members receiving:

- Home and Community Based (HCBS) services (Attendant Care [ATC], Homemaker/Housekeeping [HSK] and Respite [RSP])
  - Individually Designed Living Arrangement (IDLA) and Nursing services.
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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** September 15, 2017

**Revision Effective Date:** September 15, 2017

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### **Revised Policy:**

#### **Chapter 35 – Progress Reporting Requirements**

- Standardized of quarterly reporting requirements for Specialized Habilitation Services so that providers report the same way and include the same required types of information to give a clear picture of the child's progress or lack of progress on a quarterly basis.
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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** July 14, 2017

**Revision Effective Date:** July 14, 2017

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### **Corrections to Provider Manual**

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

- Corrected Provider Manual table of contents to include Chapter 61, Home and Community Based Services (HCBS) Certification and Provider Registration.
  - Moved the title of the Preface page from below the effective date to above the revision date on page 1.
  - Deleted misplaced (duplicate) Chapter 59.
-

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** June 23, 2017

**Revision Effective Date:** June 23, 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.

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**Revised Policy:**

**CHAPTER 11 ALTCS Grievances, Claim Disputes, and Appeals**

In the Grievances section, updated toll free telephone number for the Division of Developmental Disabilities Customer Service Center to reflect current telephone number (1-844-770-9500).

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Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** June 9, 2017

**Revision Effective Date:** June 9, 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.

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### **Revised Policy:**

#### **CHAPTER 4 COVERED AND NON-COVERED SERVICES**

The wording in section C "Examples of Covered Behavioral Health Services" was revised to match exactly the wording used in Provider Manual Chapter 10 -Referrals to Specialists. Specifically, the words "and screening" were added to "Evaluation and Assessment" and "screening" was deleted as a separate item. "Rural Substance Abuse Transitional Agency Services" was also deleted from the list because it is considered a provider type, not a service, and it is not included in the corresponding Chapter 10 list.

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** May 31, 2017

**Revision Effective Date:** May 31, 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.

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### **Revised Policies:**

#### **CHAPTER 16 REMITTANCE ADVICE, REIMBURSEMENT, AND COST SHARING**

Chapter 16 was completely rewritten to satisfy an AHCCCS CAP that requested Chapters 14, 15, and 16 be revised to:

- Address the reimbursement process for qualified vendors.
- Address the reimbursement process for provider for AIHP members.
- Address and describe when members are responsible for cost sharing and the provider's role in cost sharing activities.
- Provide an explanation of the remittance advice.

Chapters 14 and 15 are rescinded with the publication of Chapter 16.

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### **Rescinded Policies**

#### **CHAPTER 14 REIMBURSEMENT**

Chapter 14 is rescinded, due to inclusion of its content in the revised Chapter 16 (see explanation above).

#### **CHAPTER 15 COST SHARING**

Chapter 15 is rescinded, due to inclusion of its content in the revised Chapter 16 (see explanation above).

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** May 26, 2017

**Revision Effective Date:** May 26, 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.

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### **New Policies:**

#### **PREFACE – INTENDED USERS OF THE PROVIDER POLICY MANUAL**

- This preface was created to identify the specific contractor audience for each policy in the Provider Policy Manual.

#### **CHAPTER 48 CREDENTIALING OF CONTRACTED PROVIDERS**

- This policy was created to explain the Division's process for credentialing Qualified Vendors.

#### **CHAPTER 49. RESPONSIBLE DRIVING**

- The information in this new policy was part of Provider Manual Chapter 39, Value-Based Purchasing — Responsible Driving, but it was created as a stand-alone policy due to redefinition of Value-based Purchasing (VBP). The former Chapter 39 will be removed from the website, and the number "39" will be reserved for a new policy pertaining to VBP.
- 

### **Revised Policies:**

#### **CHAPTER 1 INTRODUCTION TO THE DIVISION OF DEVELOPMENTAL DISABILITIES**

- This policy was revised to update the Division's Central Office organizational chart, delete the non-current Division's Credo and Value Statement, and explain that the Division is responsible for coordinating behavioral health services with Regional Behavioral Health Authority agencies.

#### **CHAPTER 6 EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT**

- The References section of this policy was revised to specify which AHCCCS manual serves as a reference and to remove Reference section links.

### **CHAPTER 13 - UTILIZATION MANAGEMENT**

- This policy was completely rewritten to state the Division's expectation of providers in regard to members of American Indian Health Plan and to adhere to the requirements of AHCCCS Contractor Operations Manual (ACOM) Policy 416.

### **CHAPTER 17 - PRIOR AUTHORIZATION REQUIREMENTS**

- This policy was completely rewritten to provide a list of services that require prior authorization, update language to person-first standard, and clearly define prior authorization requirements.

### **CHAPTER 19 - CONCURRENT REVIEW**

- This policy was completely rewritten to define "concurrent review," explain what services may warrant concurrent review, and include references to guidelines that may be used as part of the concurrent review process.

### **CHAPTER 20 – FRAUD, WASTE, AND ABUSE**

- This policy was revised to include:
  - Contact information for reporting provider fraud, waste, and abuse; information regarding available training
  - Reference to the webpage of the AHCCCS Office of Inspector General
  - Change from "Department's Audit and Management Services Division" to "Internal Audit Administration"
  - Instruction to refer suspected incidences of fraud, waste and abuse to the Corporate Compliance Unit for review and potential referral to the AHCCCS Office of Inspector General
  - Updated the Corporate Compliance Unit's address.

### **CHAPTER 21 - FALSE CLAIMS ACT**

- This policy was revised to comply with the requirements outlined in the DDD/ AHCCCS contract and ACOM 103 – Fraud, Waste, and Abuse. References to the Whistleblower Protection Act, Deficit Reduction Act, and False Claims Act were added. Requirements were added for any entity that receives or makes at least five million dollars annually, consistent with Public Law 109-171.

### **Chapter 22 FORMULARY INFORMATION**

- This policy was rewritten to include updated links, information regarding communication of updates, updates to information regarding subscription to updates, and links to Administrative Services Subcontractor formularies.

### **CHAPTER 27 - PEER REVIEW AND INTER-RATER RELIABILITY**

- This policy was revised to include an explanation of reasons for implementing peer review, the goals of the peer review process, and the means by which a provider may appeal peer review findings and decisions

## **CHAPTER 28 - MEMBER RIGHTS**

- This policy was revised to identify required rights, update references, and state that Division contractors must ensure compliance with applicable federal and state laws pertaining to member rights.

## **CHAPTER 29 – ADVISING OR ADVOCATING ON BEHALF OF A CONSUMER**

- This policy was revised to delete nonfunctioning link, add references to the References section, change “consumer” to “member” throughout the policy, and provided clarifying language regarding the Division’s responsibility to members pursuant to 42 CFR 438.102.

## **CHAPTER 31 - CHANGE OF CONTRACTOR**

- This policy was revised to update AHCCCS Contractor Operations Manual references, change “AHCCCS Administration” to “the Division,” and reorganize certain information for clarity.

## **CHAPTER 59 BENEFIT COORDINATION AND FISCAL RESPONSIBILITY FOR BEHAVIORAL HEALTH SERVICES AND PHYSICAL HEALTH SERVICES**

- This policy was revised to address information related to payment responsibilities as outlined in AHCCCS Contractor Operation Manual Policy 432, provide information regarding benefit coordination and fiscal responsibility for physical health services.

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### **Rescinded Policy**

## **CHAPTER 39. VALUE-BASED PURCHASING-RESPONSIBLE DRIVING**

The information in this rescinded policy pertaining to Responsible Driving is now in Chapter 49. The number “39” will be reserved for a new policy pertaining to VBP.

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

# Provider Policy Manual Notification

**Date:** May 5, 2017

**Revision Effective Date:** May 5, 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.

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## **Revised Policies:**

### **Chapter 3 Provider Service Departments**

- This policy was revised to change "Provider Relations" to "Customer Service Center," detail the services that the Customer Service Center provides, add a 1-800 service number.

### **Chapter 5 Emergency Room Utilization**

- This policy was revised to define emergency services and describe appropriate and non-appropriate use of the emergency room.

### **Chapter 8 Maternity and Family Planning**

- This policy was revised to include a section on maternity services, add long-acting reversible contraceptives," and add "Members who transition to a new Contractor or become enrolled during their third trimester must be allowed to complete maternity care with their current AHCCCS registered provider, regardless of contractual status, to ensure continuity of care".

### **Chapter 9 PCP Assignments**

- This policy was revised to include Health Plan contact information, Division contact information, information pertaining to Administrative Services Contractors and Fee-for-service. Links in the References section were removed.

### **Chapter 10 Referrals to Specialists**

- This policy was revised to provide a complete description of the processes for providers who need to refer memberst to specialists (including behavioral health), revise explanation regarding access to behavioral health, list available RBHAs or contact information, and provide a method to notify support coordinators of necessary information.
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** Friday, April 28, 2017

**Revision Effective Date:** April 28, 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.

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### **New Policies:**

#### **CHAPTER 45 AFTER-HOURS TELEPHONE SURVEY**

- This pPolicy explains Division requirements regarding Provider availability via telephone after normal business hours and the activities to occur when a Provider is not compliant with Division requirements.

#### **CHAPTER 47 MAINTENANCE OF VENDOR CALL LISTS**

- This is a new policy that addresses the process by which a Qualified Vendor notifies the Division of Developmental Disabilities (Division) of its desire to amend or make subsequent changes to their scope of service.
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** Thursday, November 10, 2016

**Revision Effective Date:** November 10, 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.

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### **New Policy**

#### **CHAPTER 40 Insurance**

- This is a new policy outlining insurance requirements for providers.

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### **Revised Policies:**

#### **CHAPTER 7 Dental**

- Added section names “Dental Services for Members Age 20 and Younger” and “Dental Services for Members Age 21 and Older.”
- For consistency with recently approved Provider Manual Chapter 4 and AHCCCS change of benefit coverage for members aged 21 and over, in section “Dental Services for Members Age 21 and Older,” added “*Other dental services, including dentures, are covered for AHCCCS ALTCS members 21 years of age and older. Dental services are limited to a total benefit amount of \$1,000 per member for each 12-month period beginning October 1, 2016 through September 30, 2017.*”
- For consistency with recently approved Provider Manual Chapter 4, added section called “Emergency Dental Care/Extractions for ALTCS Members of All Ages” and the statement, “*Emergency dental care and extractions are covered for all members who are eligible for ALTCS, regardless of age.*”

#### **CHAPTER 11 ALTCS Grievances, Claim Disputes, and Appeals**

- This policy was revised to incorporate current contact information, explain the requirements for filing provider claim disputes, provide instructions for requesting State Fair Hearings, and provide greater detail regarding the appeals process.
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).  
Division of Developmental Disabilities

## Provider Policy Manual Notification

**Date:** October 14, 2016

**Revision Effective Date:** October 14, 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.

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**Revised Policy:**

**Provider Manual Chapter 4 – Covered and Non-covered Services**

- Under “Covered Services,” added “Podiatry” for members under the age of 21 years (for clarification only) and “Dental” and “Podiatry” for members who are 21 years of age or older, due to the addition of their availability to members effective October 1, 2016.
  - Under “Non-Covered Services,” deleted “Most dental care” and “Visits to the podiatrist,” for members age 21 years and over, because effective October 1, 2016, these services are covered for members age 21 years and over.
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

## Division of Developmental Disabilities Provider Manual Notification

**Date:** August 12, 2016

**Revision Effective Date:** August 12, 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.

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### **New Policy:**

#### **CHAPTER 39 Value-Based Purchasing – Responsible Driving:**

Provider Manual Chapter 39 is a new policy that describes the implementation of Value-Based Purchasing initiatives that leverage managed care toward value-based health care systems in order to improve members' experience/health and limit per-capita health care cost to the rate of general inflation.

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### **Revised Policy:**

#### **CHAPTER 2 Provider Responsibilities and Expectations:**

- Revisions have been made to this policy to incorporate language of House Bill 2487.
  - Language added, that a Qualified Vendor for the recruitment of Developmental Home providers must inform the applicant of the requirement for licensure under Arizona Administrative Code.
  - The Qualified Vendor may not "counsel out" or dissuade the vendor who wishes to apply for a developmental home license.
  - If the Qualified Vendor cannot work with the applicant, that decision will not be based on race, religion, national origin, sex, sexual orientation, gender identity or similar protected class.
  - The Qualified Vendor must assist any applicant to find an alternative vendor and if no vendor is available, refer the applicant to the Division.
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Policy Manual Notification**

**Date:** July 1, 2016

**Effective Date:** August 5, 2016

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**Approved Policy Not Yet Effective (APNYE):**

This policy, Provider Manual Chapter 57, Third Party Liability is posted on the Division's website as an [Approved Policy Not Yet Effective](#). This policy will be posted as an *effective* policy on or after August 5, 2016 unless otherwise notified.

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**CHAPTER 57 - THIRD PARTY LIABILITY**

Chapter 57 describes the Third Party Liability (TPL) claims process. Among the topics covered by Chapter 57 are the statutory requirements for Third Party Liability (TPL) claims, the payment and denial of claims, the required components of forms used, and the Qualified Vendor's responsibilities. Chapter 57 is divided into the following subparts:

57-A	Introduction
57-B	Statutory Requirements for Other Payor (Third Party Liability) Claims
57-C	Payments and Denials
57-D	Explanation of Benefits
57-E	DES/DDD Waiver Requests
57-F	Denial Code Explanation and Other Payor/Third Party Liability
57-G	Responsibilities
57-H	Process for Updating Insurance Changes in Focus
57-I	Other Payor (Third Party Liability) Billing Scenarios
57-J	Recommendations for Working with Insurance Companies
57	Frequently Asked Questions - Appendix

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

## Division of Developmental Disabilities

# Provider Policy Manual Notification

**Date:** June 20, 2016

**Revision Effective Date:** June 17, 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.

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### **CHAPTER 61 – Home and Community Based Services (HCBS) Certification and Provider Registration**

Policy explains the HCBS Certification process and AHCCCS provider registration requirements.

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### **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.

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### **CHAPTER 12 – Billing and Encounter Submissions**

- Changed "Billing Manual" to "Claims Submission Guide."
- Deleted statement "The provider must notify the Division Contract Management Unit within two (2) business days in the event their AHCCCS POS number changes."
- Clarified the use of the three types of claim forms used for Acute Care Services.
- Stated "Acute claims processed through QNXT™ must be billed with Healthcare Common Procedure Coding System (HCPCS)."

## **CHAPTER 16 – Explanation of Remittance Advice**

- Changed “Billing Manual” to “Claims Submission Guide.”
- 

## **CHAPTER 17 – Prior Authorization Requirements**

- Links were updated
  - Clarification regarding requests for prior authorizations after a service is rendered.
  - Clarification regarding hours documented on the Service Plan and the requirement that services/tasks are to be delivered per the Service Evaluation.
- 

## **CHAPTER 20 – Fraud, Waste, and Abuse**

- Increased scope of Policy to cover waste
  - Added definition of “waste”
  - Stated that employees must receive adequate training addressing fraud, waste, and abuse
  - Corrected non-functioning links
- 

## **CHAPTER 22 – Formulary Information**

- Provided an updated link to view the “Minimum Required Prescription Drug List (MRPDL).”
  - Added a link to receive pharmacy updates directly from AHCCCS.
  - Added a link to view a comprehensive list of AHCCCS medications.
- 

## **CHAPTER 25 – Enrollment Verification**

- Provided the correct/updated link for providers to check eligibility/enrollment, enter claims and check claim status.
-

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Policy Manual Notification**

**Date:** June 13, 2016

**Revision Effective Date:** June 10, 2016

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**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.

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**CHAPTER 26 – CULTURAL COMPETENCY**

- This revision added language per AHCCCS ACOM policy 416 which states the provider manual must reference the Civil Rights Act of 1964 VI.
  - Added the following language as the last paragraph in the policy: The Division acts in accordance with contractual obligations, state and federal codes and laws, including the Civil Rights Act of 1964 Public Law § 88-352 which prohibits discrimination in government agencies.
- 

**Reformatted:**

The Provider Manual was reformatted to reflect current header style.

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**Revision History:**

An incomplete posting of chapters 3, 58, 59, 60, was noticed and has since been remedied.

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Policy Manual Notification**

**Date:** May 31, 2016

**Revision Effective Date:** May 27, 2016

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**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.

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**CHAPTER 3 – PROVIDER SERVICES DEPARTMENTS**

The contact information for providers who have complaints or questions was updated to reflect current practice.

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**CHAPTER 4 – COVERED AND NON-COVERED SERVICES**

Included examples of covered Behavioral Health Services.

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**CHAPTER 6 – EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT)**

As required by AHCCCS Operations Manual Policy 416, added references to coverage of comprehensive unclothed physical examination, laboratory tests, vision services, hearing services and dental services as specified in Arizona Administrative Code, R9-22-213.

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**CHAPTER 30 – CLINICAL PRACTICE GUIDELINES**

Added statement saying that the Division may use the clinical practice guidelines provided by the U.S. Department of Health and Human Services.

Provided link to the Division's website page containing links to all of the clinical practice guidelines in use by the Division and its contracted health plans.

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**Reformatted Policy:**

**CHAPTER 7 – DENTAL**

This chapter was reformatted by removing bullet points and adding outline format to conform to style. No language was changed.

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

## Division of Developmental Disabilities

# Provider Policy Manual Notification

**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.

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### **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 58 - MEDICAL MANAGEMENT SERVICES**

This chapter clarifies that Primary Care Providers (PCPs) are allowed to treat members diagnosed with anxiety, depression, and Attention Deficit Hyperactivity Disorder (ADHD). For the purposes of medication management, it is not required that the PCP be the member's assigned PCP.

### **CHAPTER 59 - BENEFIT COORDINATION AND FISCAL RESPONSIBILITY**

This chapter clarifies that the Arizona Department of Health Services, either directly or through subcontractors, is responsible for the provision of all medically necessary covered behavioral health services to DD-ALTCS eligible members.

### **CHAPTER 60 - PROVIDER NOTIFICATION**

This chapter clarifies how the Division provides notification to its network regarding material, operational, and Contract changes.

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**Revised Policy:**

**CHAPTER 23 - APPOINTMENT STANDARDS**

Changed policy title from "AHCCCS Appointments and Standards" to "Appointment Standards."

Added explanation that policy establishes a process for the Division to monitor and report appointment accessibility and availability to ensure compliance with AHCCCS requirements.

Clarified requirements regarding specific types of appointments.  
Defined "gap in critical service."

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**Revision History:**

The revision dates for Chapters 3, 28, 32, 41, 43 were inadvertently changed from 1/29/2016 to 3/25/2016. They have been corrected to reflect the actual revision date of 1/29/2016. The revision notification for 3/25/2016 has been removed as it was duplicative of the 1/29/2016 posting.

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

## Division of Developmental Disabilities

# Provider 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 Provider Manual as follows:

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### **CHAPTER 3 - PROVIDER SERVICE DEPARTMENTS**

Bullets were added under "Grievances/Complaints" under "Assistance offered"  
Removed the Health plans from the chart and inserted below the added the statement:  
Medical providers providing services for members enrolled with an acute care contractor should contact the appropriate Health Plan.

---

### **CHAPTER 41 – TERMINATION OF THE QUALIFIED VENDOR AGREEMENT UPON REQUEST OF THE QUALIFIED VENDOR**

Division's Business Operations was deleted and replaced with Contract Management

All instances referencing the Qualified Vendor Agreement were changed to "Agreement"

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### **CHAPTER 28 - MEMBER RIGHTS**

References were edited to reflect updated location of policy.

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### **CHAPTER 32 - SEPARATION OF CHILDREN AND ADULTS IN CENTER-BASED PROGRAMS**

The language "for the purpose of this chapter, a therapy clinic is not considered a center-based program" was added

Under subsection "E" the words "health and" were added

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### **CHAPTER 43 – RESPITE PROVIDED AT CAMP TO ALTCS MEMBERS**

Under "Purpose" "The member must be eligible to receive Respite as determined by the Division" was added.

Under "Program Site Requirements for Camp" section "B" the words "direct care staff" was added.

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Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities

## Provider Manual Notification

**Date:** Friday, May 1, 2015

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Final Division Provider Manual revisions have been incorporated into the current Division Provider Manual.

**Chapter 42 Electronic Monitoring/Surveillance System In Program Sites**

Removed "adult" from section B and added "Retention of Records" to section G for clarification to current Division practice.

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities

## Provider Manual Notification

**Date:** Monday, April 17, 2015

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Final Division Provider Manual revisions have been incorporated into the current Division Provider Manual.

### **Chapter 7 Dental**

This policy has been revised to include fluoride varnish as a covered dental service and providing additional clarification for members eligible to receive this service.

This will align the policy more closely with verbiage in AHCCCS CYE 2015 Dental services.

### **Chapter 43 Respite Provided At Camp To ALTCS Members (New Chapter)**

This chapter has been added to clarify the requirements regarding this subject in accordance with current Division practice.

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Manual Notification**

**Date:** Monday, April 6, 2015

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Final Division Provider Manual revisions have been incorporated into the current Division Provider Manual.

**Chapter 4 Covered and Non Covered Services**

Language clarification in the Covered Services section of this chapter has been inserted to provide additional information regarding services. Services cannot be denied based on moral and religious grounds.

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**Chapter 28 Member Rights**

This chapter has been revised to reference the current Division Policy Manual Chapter 300 Member Rights and Responsibilities.

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**Chapter 41 Termination of the Qualified Vendor Agreement Upon Request of the Qualified Vendor (New Chapter)**

This chapter has been added to clarify the following new requirement in section six of the Qualified Vendor Agreement:

To outline the procedure when a Qualified Vendor Agreement terminates or is terminated. This includes member notification, member transition to new vendors, finalizing claims, and closing out client funds.

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**Chapter 42 Electronic Monitoring/Surveillance System In Program Sites (New Chapter)**

This chapter has been added to clarify the requirements regarding this subject in accordance with State statutes.

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**Chapter 46 Agency With Choice (New Chapter)**

This chapter provides information for Agency with Choice, a member-directed service delivery option.

Appendix A: QVADS Agency with Choice Provider Instructions – Agency with Choice Option

Appendix B: DDD Agency with Choice User Guide – FOCUS Vendor version 1.0

Division Forms: [Agency With Choice: Individual Representative](#) (DDD-1658A)

[Agency With Choice: Individual Representative](#) (Spanish) (DDD-1658S)

[Agency With Choice: Partnership Agreement](#) (DDD-1659A)

[Agency With Choice: Partnership Agreement](#) (Spanish) (DDD-1659S)

[ALTCS Service Model Options \(Decision Tree\)](#) (DDD-1626A)

[ALTCS Service Model Options \(Decision Tree\)](#) (Spanish) (DDD-1626S)

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Manual Notification**

**Date:** Monday, April 6, 2015

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Approved Policy Not Yet Effective:

The Effective Dates for the following chapters have been extended to 04/15/2015.

**Chapter 7 Dental**

This policy has been revised to include fluoride varnish as a covered dental service. This will align the policy more closely with verbiage in AHCCCS CYE 2015 Dental services.

Effective Date: 04/15/2015

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**Chapter 43 Respite Provided At Camp To ALTCS Members (New Chapter)**

This chapter has been added to clarify the requirements regarding this subject in accordance with current Division practice.

Effective Date: 04/15/2015

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Manual Notification**

**Date:** Friday, March 19, 2015

**Revision Effective Date:** Wednesday, April 1, 2015

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Approved Policy Not Yet Effective:

**Chapter 4 Covered and Non-Covered Services**

Language clarification in the Covered Services section of this chapter has been inserted to provide additional information regarding services. Services cannot be denied based on moral and religious grounds.

Effective Date: 04/01/2015

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**Chapter 7 Dental**

This policy has been revised to include fluoride varnish as a covered dental service. This will align the policy more closely with verbiage in AHCCCS CYE 2015 Dental services.

Effective Date: 04/01/2015

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**Chapter 28 Member Rights**

This chapter has been revised to reference the current Division Policy Manual Chapter 300 Member Rights and Responsibilities.

Effective Date: 04/01/2015

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**Chapter 41 Termination of the Qualified Vendor Agreement Upon Request of the Qualified Vendor (New Chapter)**

This chapter has been added to clarify the following new requirement in section six of the Qualified Vendor Agreement:

To outline the procedure when a Qualified Vendor Agreement terminates or is terminated. This includes member notification, member transition to new vendors, finalizing claims, and closing out client funds.

Effective Date: 04/01/2015

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## **Chapter 42 Electronic Monitoring/Surveillance System In Program Sites (New Chapter)**

This chapter has been added to clarify Division policy and the requirements regarding this subject in accordance with State statutes.

Effective Date: 04/01/2015

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## **Chapter 43 Respite Provided At Camp To ALTCS Members (New Chapter)**

This chapter has been added to clarify the requirements regarding this subject in accordance with current Division practice.

Effective Date: 04/01/2015

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## **Chapter 46 Agency With Choice (New Chapter)**

This chapter provides information for Agency with Choice, a member-directed service delivery option.

Appendix A: QVADS Agency with Choice Provider Instructions – Agency with Choice Option

Appendix B: DDD Agency with Choice User Guide – FOCUS Vendor version 1.0

Division Forms: [Agency With Choice: Individual Representative](#) (DDD-1658A)

[Agency With Choice: Individual Representative](#) (Spanish) (DDD-1658S)

[Agency With Choice: Partnership Agreement](#) (DDD-1659A)

[Agency With Choice: Partnership Agreement](#) (Spanish) (DDD-1659S)

[ALTCS Service Model Options \(Decision Tree\)](#) (DDD-1626A)

[ALTCS Service Model Options \(Decision Tree\)](#) (Spanish) (DDD-1626S)

Effective Date: 04/01/2015

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov)

Division of Developmental Disabilities  
**Provider Manual Notification**

**Highlights of this revision:**

The Division's Provider Manual has been revised for clarity and for conformity with current practice.

Chapter 44 – Qualified Vendor Responsibilities for Planning Team Meetings

REVISION EFFECTIVE DATE: September 15, 2014

**Revision:**

- Revised responsibilities of the Qualified Vendor as a member of the Planning Team.
  - Revisions made to conform to current practice.

Please contact the [Policy Unit](#) if you have any questions.

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov)

Division of Developmental Disabilities  
**Provider Manual Notification**

**Revision Effective Date:** See each Chapter below for effective date.

**Highlights of this revision:**

The Division's Provider Manual has been revised for clarity and for conformity with current legislation and practice.

Chapter 4-Covered and Non-Covered Services

REVISION EFFECTIVE DATE: August 1, 2014

**Revisions:**

- Insulin pumps removed from non-covered services.
  - Revision made to conform to change in legislation.

Chapter 32-Separation of Children and Adults in Center Based Programs

REVISION EFFECTIVE DATE: August 1, 2014

**Revisions:**

- Requirements regarding designated areas have been clarified:
  - B. *Each site must have one area designated solely for children and one area designated solely for adults to prevent any interaction between the two age groups.*
  - C. *Each site shall have a mechanism in place to provide a physical and visual barrier separating the two areas including:*
    - 1. *Bathrooms; and,*
    - 2. *Any interior space used for instruction, play, or similar activities.*
- *Added "Approval shall be made at the sole discretion of the Division and may include a site visit."*
- Internal procedures have been removed.
  - Revisions made for clarity.

## Chapter 33 - RESERVED

### NEW: Chapter 34-Provider Publications

INITIAL IMPLEMENTATION DATE: Effective upon signature of Amendment#1  
RFQVA 710000

This Chapter has been added to clarify the following new requirement:

*The Qualified Vendor shall provide to the Division for review and approval all reports or publications (written, visual, and/or audio communications) which are intended for members or applicants for services funded or partially funded by the Division.*

### Chapter 35-Progress Reporting Requirement

REVISION EFFECTIVE DATE: Effective upon signature of Amendment #1RFQVA  
710000

#### **Revisions:**

- Incorporated into the Provider Manual the procedure posted on the Division's website that went into effect on July 1, 2013.
- Added "business" to "*Monthly progress reports, due within 10 business days following each month, are required for the following services:*"
- Added the following services to *Monthly Progress Reports*:
  - Habilitation, Consultation
  - Home Health Aide
  - Nursing
- Added the following services to *Quarterly Progress Reports*:
  - Habilitation, Early Childhood Autism Specialized
  - Nursing
  - Transition to Employment
- Added additional progress note element requirements to:
  - Home Health Aide
  - Nursing
  - Center Based Employment
  - Employment Support Aide
  - Habilitation, Early Childhood Autism Specialized
  - Individual Supported Employment
  - Therapies

- Due dates for Semi Annual reports corrected. "August 31<sup>st</sup>" changed to "July 31<sup>st</sup>"

Revisions made for conformity to current practice.

NEW: Chapter 36 – Safety (RESERVED)

This Chapter has been reserved for Chapter 1700 Safety, currently posted in the Division's Policy Manual.

NEW: Chapter 37 – Family and Caregiver Participation in Therapy Sessions

INITIAL IMPLEMENTATION DATE: Effective upon signature of Amendment#1  
RFQVA 710000

This Chapter has been added to clarify the following requirement:

*Qualified Vendors approved to provide therapy (i.e., Occupational, Physical, and Speech) must ensure a caregiver/responsible person is present and participates in all therapy sessions.*

NEW: Chapter 38 – Emergency Communication When Transporting a Member

INITIAL IMPLEMENTATION DATE: Effective upon signature of Amendment#1  
RFQVA 710000

This Chapter has been added to clarify the following new requirement:

*For the health and safety of each member, the Qualified Vendor shall ensure that all methods of transportation allow for emergency communication at any time during the delivery of the service.*

NEW: Chapter 44 – Qualified Vendor Responsibilities for Planning Team Meetings

REVISION EFFECTIVE DATE: August 1, 2014

**Revisions:**

- Information moved from Chapter 800 of the Division's Policy Manual.
  - Revisions made to conform to current practice.

Please contact the [Policy Unit](#) if you have any questions.

Please send any questions to [DDDPolicy@azdes.gov](mailto:DDDPolicy@azdes.gov).

Division of Developmental Disabilities  
**Provider Manual Notification**

**Revision Effective Date:** April 16, 2014

**Highlights of this revision:**

The Division's Provider Manual has been revised for conformity with current practice, correction, and formatting correction.

All chapters in the Provider Manual:

All chapters in the Provider Manual have been revised to add page numbers.

Chapter 11-ALTCS Grievances, Claim Disputes, and Appeals

**Revisions:**

- "Family & Consumer Support Unit" changed to "Family andCommunity Resource Unit."
- "DDD Office of Appeals" changed to "DDD Office of Compliance andReview"
- Suite 600 changed to Suite916
- Added "9<sup>th</sup> floor" and "Site Code 016F" to DDD Office of Compliance and Review's address.
- Revisions made for correction.

New: Chapter 32-Separation of Children and Adults in Center Based Programs

This is a new procedure for Qualified Vendors regarding the Service Utilization requirement of separating children and adults in center based settings that provide services to both populations.

Please contact the [Policy Unit](#) if you have any questions.