

## 2 PROVIDER RESPONSIBILITIES AND EXPECTATIONS

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REFERENCES: RFQVA DDD-2024; 34 C.F.R. § 361.5(c)(9); 34 C.F.R. 361; 42  
C.F.R. § 438.100; 45 C.F.R. § 160 and 164; A.A.C R6-6-1001; A.A.C  
R6-6-1101; Division Medical Policy 1301 and 1302

### PURPOSE

This policy outlines the responsibilities and expectations for Division of Developmental Disabilities (Division) service providers. It applies to all Qualified Vendors of Division services.

### DEFINITIONS

1. "Business Associate" means a person or entity that provides any of a specifically listed type of service to or for a covered entity; or performs a health plan provider, clearinghouse function, or activity on behalf of a covered entity involving the use or disclosure of Protected Health Information.
2. "Business Day" means the hours between 8:00 a.m. and 5:00 p.m. Monday through Friday, excluding observed state holidays as defined in A.A.C. R2-5A-101.

3. “Center Based Employment” means a structured employment environment to support Members who choose to receive employment services that offer intensive supervision and support for paid work in a work center or in the community. This service provides a healthy, safe, and highly structured work environment to support Members to develop employment skills and refine their career focus. All Members using this service are paid by the Qualified Vendor or employer for work performed in accordance with state and federal law.
4. “Community Residential Setting” means the same as defined in A.R.S. § 36-551.
5. “Competitive Integrated Employment” means work that is performed on a full-time or part-time basis for which an individual is compensated at or above minimum wage and comparable to the customary rate paid by the employer to employees without disabilities performing similar duties and with similar training and experience; receiving the same level of benefits provided to other employees without disabilities in

similar positions; at a location where the employee interacts with other individuals without disabilities; and presented opportunities for advancement similar to other employees without disabilities in similar positions.

6. “Cultural Competency” means the ability to acknowledge and understand the influence cultural history, life experiences, language differences; values and disability have on individuals and families.
7. “Day Services ” means a service that engages Members in their communities to develop, or enhance skill development, for activities of daily living and employment while meeting their specialized sensorimotor, cognitive, communication, social interaction, and behavioral needs and foster the acquisition of skills explore their communities, to learn about their interests, to engage with others, and to gain skills needed for greater independence.
8. “Direct Care Worker” or “DCW” means a Direct Support Professional who has passed the required DCW competency

tests and who assists Members with a disability with activities necessary to allow them to reside in their home.

9. "Direct Support Professional" or "DSP" means a person who delivers direct support in Home and Community-Based services with current training according to the training and certification or licensing requirements of the Home and Community-Based Services they provide.
10. "Disability 101" or "DB 101" means an online tool that provides information on benefits, health coverage, and employment to assist Social Security beneficiaries with making informed decisions about going to work.
11. "Group Supported Employment" means a service that provides employment and training activities to support a successful transition to Competitive Integrated Employment or to self-employment to Members employed in integrated businesses and industries in the community using mobile crews, small enclaves, and other small groups.
12. "Health Insurance Portability And Accountability Act" or

“HIPAA” means the Kennedy-Kassebaum Act, signed August 21, 1996, as amended, and as reflected in the implementing regulations as specified in 45 § § C.F.R. Parts 160, 162, and 164.

13. “HIPAA Privacy Rule” means a federal regulation that establishes national standards to protect individuals' medical records and other individual health information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically.
14. “HIPAA Security Rule” means a federal regulation that establishes national standards to protect individuals' electronic personal health information that is created, received, used, or maintained by a covered entity. The Security Rule requires appropriate administrative, physical, and technical safeguards to ensure the confidentiality, integrity, and security of electronic protected health information.
15. “Home and Community-Based Services Final Rule” or “HCBS Settings Rule” means the final rule issued by the Center for Medicare and Medicaid Services that ensures people receiving

HCBS have full access to the benefits of community living and are able to receive services in the most integrated setting.

Community Developmental Disability Services are subject to this rule.

16. "Individual Supported Employment" means a service that supports Members to gain or maintain Competitive Integrated Employment or sustainable self-employment by providing job search and job coaching services including assistance in matching the individual with Competitive Integrated Employment, or support for finding meaningful self-employment.
17. "Integrated Community Work Setting" means a worksite that is located in a naturally occurring community of residential, business, social, or educational environments.
18. "Member" means the same as "client" as defined in A.R.S. § 36-551.
19. "Planning Team" means a defined group of individuals comprised of the Member, the Responsible Person if other than the Member, and, with the Responsible Person's consent, any individuals important in the member's life, including extended family

members, friends, service providers, community resource providers, representatives from religious/spiritual organizations, and agents from other service systems.

20. "Qualified Vendor" or "contractor" means a provider of community developmental disability services that has applied for Qualified Vendor status, meets the criteria for Qualified Vendor status, and has entered into a Qualified Vendor Agreement with the Department.
21. "Qualified Vendor Agreement" means the valid, executed contract between the Department and a Qualified Vendor describing the services the Qualified Vendor is qualified to provide and the terms and conditions governing the relationship between the Department and the Qualified Vendor including any amendments, attachments, schedules, or exhibits.
22. "Residential Services" means, for the purpose of this policy, the same as Community Residential Setting defined in A.R.S. § 36-551, except this policy does not apply to state-operated services.

23. “Responsible Person” means the parent or guardian of a developmentally disabled minor, the guardian of a developmentally disabled adult or a developmentally disabled adult who is a Member for whom no guardian has been appointed.
24. “Work Incentive Consultation” means a meeting with a work incentive consultant trained in Social Security, Medicare, AHCCCS, and other government programs, who can help a Member understand Social Security work incentives, disability benefit programs, and how they are impacted by work.

## **POLICY**

- A.** Qualified Vendors and service providers shall:
  1. Use the AHCCCS Provider Enrollment Portal, located on the AHCCCS website to:
    - a. Apply to become an AHCCCS registered provider;
    - b. Maintain continuous enrollment as an AHCCCS registered provider; and
    - c. Access instructions on how to use the portal.



2. Comply with all federal, state, and local laws, rules, regulations, executive orders, and Division policies governing performance of duties under the Qualified Vendor Agreement or other contractual agreements.
3. Meet requirements for professional licensure, certification, or registration.
4. As applicable, have a National Provider Identifier.
5. As applicable, maintain documentation indicating compliance with local fire and sanitation codes and regulations.
6. Submit claims for services only if they comply with the DDD Claims Submission Guide.
7. Ensure that each DSP or DCW meets required training requirements within their scope of practice, including Article 9 as outlined in A.A.C. 6-6-901 et seq. and as required in Division Policy.
8. Ensure that each DSP or DCW completes the following:
  - a. Background checks as required in the Qualified Vendor Agreement; and

- b. A Criminal History Self Disclosure Affidavit (LCR-1034A FORNA) form annually.
9. Ensure each Member's privacy is protected, in accordance with HIPAA and only disclose protected health information (PHI):
  - a. To the Member or Responsible Person, unless required for access or accounting of disclosures;
  - b. For treatment, payment, and health care operations;
  - c. With opportunity to agree or object (Informal permission by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object. Where the individual is incapacitated, in an emergency situation, or not available, if in the exercise of their professional judgment, the use or disclosure is determined to be in the best interests of the individual.)
  - d. Incidentally to an otherwise permitted use and disclosure;
  - e. For public interest and benefit activities; or
  - f. With limited data set for the purposes of research, public health, or health care operations.

10. Follow 45 § C.F.R. 160.203 General Rule and exceptions:
  - a. To prevent fraud and abuse related to the provision of or payment for health care;
  - b. To ensure appropriate state regulation of insurance and health plans to the extent expressly authorized by statute or regulation;
  - c. For state reporting on health care delivery or costs;
  - d. For purposes of serving a compelling need related to public health, safety, or welfare, and, if a standard, requirement, or implementation specification under Part 164 of this subchapter is at issue, if the Secretary determines that the intrusion into privacy is warranted when balanced against the need to be served;
  - e. Ensure the confidentiality, integrity, and availability of all electronic PHI the covered entity or Business Associate creates, receives, maintains, or transmits;
  - f. Protect against any reasonably anticipated threats or hazards to the security or integrity of such information;

- g. Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under subpart E of this Part; and
- h. Ensure compliance with this subpart by its workforce.
- i. Adhere to the Member rights as outlined in 42 § C.F.R. 438.100, and in the Division's Operation Policy Manual Chapter 1001-A.
- j. Follow the code of conduct outlined in the Qualified Vendor Agreement.

**B.** Each of the Division's Business Associates shall:

- 1. Develop and maintain policies and procedures for HIPAA practices;
- 2. Not use or further disclose PHI other than as permitted or required by the contract or as required by law;
- 3. Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by the contract;
- 4. Report to the Division any use or disclosure not allowed by federal regulation of which the Business Associate becomes

aware;

5. Ensure that any agents or subcontractors with whom PHI must be shared agree to the same restrictions and conditions that apply to the Business Associate;
  6. Make PHI available to the Member or Responsible Person;
  7. Make PHI available for Responsible Person or Member amendment and incorporate any amendments;
  8. Make available the information required to provide an accounting of disclosures; and
  9. Make internal practices, books, and records relating to the use and disclosure of PHI available to the Division and Department of Health and Human Services- Office of Civil Rights for the purpose of determining compliance with federal requirements.
- C.** Qualified Vendors shall meet the following HCBS Setting Final Rule requirements:
1. Provide services in a person centered and culturally competent manner that supports and enhances the Member's

independence, self-esteem, mutual respect, value, and dignity as outlined in the Division's Provider Policy Manual Chapter 26.

2. Ensure the Member always has access to resources about rights in the event they feel their rights are being violated.
3. Utilize the self-assessment and training tools available on the AHCCCS webpage to ensure compliance to the requirements for the following service settings including:
  - a. Day Services
    - i. The Qualified Vendor shall ensure that Members have the opportunity to engage with others including individuals with and without disabilities who are not paid staff;
    - ii. The Qualified Vendor shall provide services in a service site located in a community setting that includes planned opportunities for interaction with community members, information about resources and the ability to participate in community events based on individual preferences;

- iii. The Qualified Vendor shall provide exploration and learning opportunities related to work and volunteer experiences; and
  - iv. The Qualified Vendor shall support Members in developing relationships of their choice.
- b. Integrated Community Work Settings
- i. The Qualified Vendor shall ensure Members work alongside workers without disabilities, other than paid staff who are providing services to that individual;
  - ii. The Qualified Vendor shall ensure Members perform the same tasks with the same expectations that a non-disabled peer would perform for pay; and
  - iii. The Qualified Vendor shall ensure Members freely participate in the social aspects common to the workplace, including but not limited to, having access to all common areas of the enterprise, eating lunch, and taking breaks together.

- c. With respect to facility-based services and these other standards for Integrated Work Settings, the Qualified Vendor shall ensure Members have the choice and opportunity to:
- i. Develop products and services which are prepared in the facility but sold or provided out in the general community;
  - ii. Have alternate schedules for services and activities;
  - iii. Schedule activities at their own convenience;
  - iv. Have access to entrances and exits to the setting and any and all areas within the setting;
  - v. Engage in work and non-work activities that are specific to their skills, abilities, desires, needs, and preferences including engaging in activities with people of their own choosing and in areas of their own choosing (indoor and outdoor spaces); and



vi. Have access to food during breaks and lunch.

d. Center-Based Employment

- i. Qualified Vendors shall ensure that Members have the opportunity to engage with others including individuals with and without disabilities who are not paid staff;
- ii. Qualified Vendors shall provide services in a service site located in a community setting that includes planned opportunities for interaction with community members, information about resources, and ability to participate in community events based on individual preferences;
- iii. Qualified Vendors shall ensure that the setting supports Members' access to daily activities, the physical work or program environment, and that Members choose with whom they wish to interact;
- iv. Qualified Vendors shall provide support for transportation training or mobility training as

- outlined in the Member's person centered service plan (PCSP);
- v. Qualified Vendors shall provide Members with the opportunity to explore, observe, or participate in a variety of work opportunities, including integrated work environments to evaluate appropriateness for progressive employment moves including Competitive Integrated Employment or self employment;
  - vi. Qualified Vendors shall ensure that the Member has the opportunity to participate in productive and meaningful work and that the job is aligned with the Member's capacities and interests;
  - vii. Qualified Vendors shall provide orientation, training, and skill development to Members, along with teaching general work skills;
  - viii. Qualified Vendors shall incorporate Arizona Disability Benefits 101 (DB 101) and Work Incentive Consultation into the Member's plan to reach

- employment outcomes;
- ix. Qualified Vendors shall maintain ongoing assessments of strengths, areas for improvement, and overall job performance;
  - x. Qualified Vendors shall, at least annually, consult with the Member's planning team to assess with their support coordinator whether:
    - 1) The service is still applicable for the Member, is meeting the Member's needs, and is advancing the Member's employment outcomes or vision for employment;
    - 2) The Member's employment needs could be better supported, additionally coordinated, through other programs, such as school or with a referral to vocational rehabilitation for employment services;
    - 3) The Member's needs could be met through natural supports, independent volunteer

experiences, technology, or adaptive equipment; or

- 4) The Member could participate in other employment services to further advance their vision for employment.

e. Group Supported Employment

- i. Qualified Vendors shall provide vocational or job related discovery or assessment by providing ongoing monitoring of the performance and general job-related skills of Members to identify both strengths and barriers to maintain and advance employment;
- ii. Qualified Vendors shall incorporate DB 101 and Work Incentive Consultation into the Member's PCSP to reach employment outcomes;
- iii. Qualified Vendors shall refer Members at their request for a progressive move into Competitive Integrated Employment; and

- iv. Qualified Vendors shall provide transportation within the Member's scheduled workday from worksite to worksite and provide support for transportation training or mobility training as outlined in the Member's PCSP.
- f. Qualified Vendors offering Community Residential Settings shall:
  - i. Refer Members who want to work or gain work-related skills to the Planning Team to consider adding an employment service;
  - ii. Ensure that Member responsibilities and expectations are explained to Members prior to service delivery; and
  - iii. Ensure Members are provided information about rights in their home as outlined in Division Operations Policy Manual 1001-A.
- 4. Actively participate in the Member's Planning Team by:
  - a. Attending Planning Team meetings at the date, time, location, and method when requested by the Responsible

Person;

- b. Submitting assessments, including recommendations, to the support coordinator at least five Business Days prior to the scheduled Planning Team meeting;
- c. Notifying the Member's support coordinator to request a Planning Team meeting whenever there is a significant change in the Member's status;
- d. Writing plans of care or teaching strategies necessary to implement assigned outcomes and submit them as required by the Division;
- e. Completing other assignments and action items as determined by the Planning Team;
- f. Meeting with the Member and, if applicable, the primary caregiver prior to initiating service and obtaining necessary information about needs and preferences, including cultural and language needs;
- g. Ensuring that a pre-service orientation occurs with each DSP or DCW before supporting the Member;

- h. Providing services as authorized by the Division;
- i. Prohibiting an individual DSP or DCW from providing care for more than 16 hours in a 24 hour period; and
- j. Maintaining a Member record that minimally contains:
  - i. Contact information for the legally Responsible Person;
  - ii. The Member's name;
  - iii. The Member's date of birth;
  - iv. The Member's AHCCCS identification number;
  - v. The Member's emergency contacts;
  - vi. Intake information and special needs or preferences of the Member;
  - vii. Planning documents, progress reports, behavior support plans;
  - viii. Summaries of service documentation progress toward goals;
  - ix. Medical information;

- x. General consent for routine and emergency medical treatment; and
- xi. For Community Residential Settings, requirements outlined in the Division's Provider Policy Manual Chapter 33.
- k. Reporting incidents, accidents, and deaths in accordance with the Division's Provider Policy Manual Chapter 70.