

DDD Shout Qualified Vendor and Provider Newsletter - April 2026

Claims Closing Procedures For Fiscal Year 2025

Due to the fiscal year closing on June 30, 2026, the last date to file corrected claims for dates of services between July 1, 2024 and June 30, 2025 is June 12, 2026.

Progress Reporting Requirement Reminder

As outlined in RFQVA DDD-2024 and [Provider Policy Manual Chapter 35](#), providers are required to submit member progress reports. These progress reports must include:

- a. Member's name
- b. Member's date of birth
- c. Assist ID
- d. QV/IP name
- e. Service provided
- f. Overall progress specific to Planning Document outcomes
- g. Performance data that identifies the Member's progress towards achievement of the established outcomes
- h. Current and potential barriers to achieving outcomes
- i. A written summary describing specific service activities

These reports must also be submitted to the Division on a defined schedule using the Division's secure FTP. Since the FTP site is secure, files uploaded should not be locked or require any passwords to open. The files are uploaded directly to the member's files, and if the vendor uploads them with any type of security, the Support Coordinator cannot access the report. The FTP can be accessed using [Windows File Explorer](#) or using the [FileZilla FTP client](#). Qualified Vendors having trouble accessing the FTP should review the guide, [Progress Report Upload Printable Directions with FTP Information](#), for assistance. Progress reports must not be submitted to the Division via email.

Network Reminders

Direct Support Professional (DSP) Care Restriction

[Division Provider Manual Chapter 2 Provider Responsibilities and Expectations](#) prohibits an individual Direct Support Professional (DSP) from providing care for more than 16 hours in a 24-hour period. Qualified Vendors (QV) are responsible for having processes in place to prevent total paid services provided to members by an individual DSP from exceeding 16 hours in a 24-hour period. Allowing an individual DSP to exceed 16 hours of paid service in a 24-hour period is prohibited by DDD policy and can impact the quality of care provided to DDD members. Any additional authorized service hours exceeding 16 in a 24-hour period must be provided to the member by an alternative caregiver.

Parents Utilizing the Parents As Paid Caregivers Service Model Weekly Hour Limit

[ARS 36-3311](#) limits parents who provide paid care to their minor children under the Parents as Paid Caregiver service model to no more than 40 hours of paid care per week.

The Division is using Electronic Visit Verification (EVV) data to identify Qualified Vendors who may have parents providing more than 40 hours of paid care to their minor children under the Parents as Paid Caregiver service model. The Division's Provider Network Support (PNS) team is contacting the identified Qualified Vendors to request:

- Confirmation of the QV's work week to determine if it is different than the default work week in the AHCCCS EVV aggregator, and
- A plan to ensure compliance with the 40-hour limit and provide alternative caregivers to provide coverage of any service hours over the 40-hour limit to the member(s).

Qualified Vendors can refer to the [AHCCCS Parents as Paid Caregivers of Minor Children FAQs](#) for additional information.

Qualified Vendors with questions should contact [Provider Network Support](#).

All Group Home Site Code Process

Effective May 1, 2026, each new or relocated Group Home, Nursing Supported Group Home, and Behavioral Supported Group Home site must have the following for a site code to be issued:

- DES OLCR HCBS Certificate
- AZDHS License
- Proof of fire inspection
- AHCCCS ID for the service site
- An approval letter from the DES DDD Credentialing team for the service site
- For new sites, evidence of the DDD Program Monitoring visit

On-site DDD Program Monitoring will be completed within the first 30 days following the issuance of a site code for site relocations.

To credential all Group Home sites, Qualified Vendors should refer to the [Initial Credentialing Checklist](#) for new group home locations, and the [Recredentialing Checklist](#) for previously credentialed group home locations, including site relocations. Qualified Vendors should closely follow the appropriate checklist to avoid delays in the credentialing process.

Qualified Vendors with questions about the site code process should contact the [Network Residential team](#). Qualified Vendors with questions about the credentialing process should contact the [DDD Credentialing Unit](#).

Therapy Services Daily Limits Reminder

The Medicaid National Correct Coding Initiative (NCCI) regulations set daily maximum limits for each service, which may vary by service type.

The daily limit for therapy services according to the Medicaid NCCI regulations is:

- Physical Therapy: 6 units of 15-minute increments (equivalent to 1.5 hours)
- Occupational Therapy: 8 units of 15-minute increments (equivalent to 2 hours)

- Speech Therapy: 1 unit of untimed service (any length of time)
- Feeding Therapy: 1 unit of untimed service (any length of time)

Certified Plans of Care are expected to be based on the member’s individual needs, and the amount or intensity, frequency, and duration of treatment should be clearly outlined. When providing services multiple times per week, ensure the authorization matches the frequency and duration based on the limits listed above.

For example

- Members assessed for 1 hour Occupational or Physical therapy visits, twice a week for one year, would need 104 units authorized.
(1hr x 2 per week x 52 weeks= 104).
- Members assessed for 30-minute Speech therapy or Feeding therapy visits twice a week would also need 104 units authorized, as Speech and Feeding therapy are untimed per CMS guidelines.
(30 min x 2 per week x 52 weeks = 104 units).

Qualified Vendors with questions regarding how therapy authorizations are calculated should contact the [DDD Network Resources team](#).

Program Review Committee (PRC) Updates

Second District West PRC Team

The Program Review Committee (PRC) is formally announcing the addition of a second District West PRC team to support the district’s behavior plan reviews. Behavior plan authors must follow these guidelines for submitting behavior plan packets to District West:

- Plans for members whose last names start with A through M should be sent to [DDD West PRC](#).
- Plans for members whose last names start with N through Z should be sent to [DDD West 2 PRC](#)

Information for Behavior Plan Authors

Behavior Plan Authors are required to review and apply the Behavior Support Manual in its entirety. The Behavior Support Manual outlines the Behavior Plan process in [Chapter 100 - Applicability, Definitions, and Guiding Principles](#) and [Chapter 800 - Behavior Plan Development and Monitoring](#).

Chapter 100 Guiding Principles

Behavior Plans should be developed incorporating the following guiding principles: Person-Centered Planning, Positive Behavior Support, and Trauma-Informed Care. Refer to Chapter 100 for more information.

Chapter 800 Behavior Plan Development

When developing a Behavior Plan, the Author shall:

- Observe the member in multiple environments, over a period of time, and during different activities;
- Follow the member’s lead;
- Interview and engage with those who spend the most time with the member using formal or informal interview checklists, rating forms, and other assessment tools;

- d. Identify the member's likes and dislikes;
- e. Participate in the member's Planning Team, Child and Family Team (CFT) or Adult Recovery Team (ART) meetings;
- f. Review the member's historical information, such as evaluations, progress reports, and individualized education programs;
- g. Collect and review the member's antecedent, behavior, and consequence data collections; and
- h. Review incident reports related to the member's behavioral incidents.

The Behavior Support Manual is available on the [DDD policy web page](#).

Qualified Vendors with questions or concerns should contact their district's [PRC Administrator](#).

2026 AHWGMA Assessment

The 2026 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA) is a statewide effort designed to strengthen Arizona's healthcare delivery system by capturing real-time insights into staffing capacity, workforce capability, and talent pipeline readiness across the state. As outlined in section B of [Division Provider Manual Chapter 63](#), **Qualified Vendors are required to complete** the annual AHWGMA. The data collected helps identify where organizations are experiencing skill gaps or capacity strain, anticipate future labor needs, and guide the prioritization of workforce development resources and supports to ensure providers have the right people, with the right skills, at the right time to meet member and community needs.

The Arizona Workforce Development Coalition (AWFDC) has published the [AHWGMA Toolkit](#), which provides Qualified Vendors with tools, including:

- The [AHWGMA Reference](#), which includes the AHWGMA questions that can be reviewed in advance of completing the assessment.
- The [Informational Webinar presentation slide deck](#)
- A [recording of the Informational Webinar](#)
- The [AHWGMA Assessment](#)
- [AHWGMA Frequently Asked Questions](#)

The AHWGMA assessment must be completed by May 21, 2026.

Question and Answer Sessions

The Arizona Workforce Development Coalition (AWFDC) is hosting sessions that will provide organizations with the opportunity to ask questions, gain clarification, and build connections with members of the Arizona Workforce Development Coalition (AWFDC) for support with completing the 2026 Arizona Healthcare Workforce Goals and Metrics Assessment (AHWGMA).

- [Register for April 30, 2026 from 2:30 pm to 3:00 pm AZ](#)
- [Register for May 19, 2026 from 11:00 to 11:30 am AZ](#)
- [Register for May 27, 2026 from 1:00 pm to 1:30 pm AZ](#)

National Core Indicators (NCI)

[National Core Indicators - Intellectual and Developmental Disabilities \(NCI-IDD\)](#) is a joint effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). NCI uses [surveys and in-person](#)

[interviews](#) to measure member satisfaction with DDD programs and services.

Vital Research LLC (Vital) is the National Core Indicator-IDD [NCI-IDD] Surveys vendor. Vital is contacting members, families, vendors, and Support Coordinators to schedule In-Person Survey (IPS) interviews. Vital Research has sent IPS notifications to schedule interviews. Visit the [Vital Research, LLC and DDD website](#) to learn more.

There are also three Family Surveys. Each Family Survey is specific to the member identified on the letter included with the survey. The Family Guardian Survey (FGS), Adult Family Survey (AFS), and Child Family Survey (CFS) can be completed online or on paper. All Family Surveys are anonymous. Questions about NCI may be submitted to the [Division's NCI Coordinator](#).

Report Fraud, Waste, Abuse and Misconduct

Report to DDD:

- Call DDD at 1-877-822-5799
- Send an email to dddfwa@azdes.gov
- Send a letter to DES/DDD
- Attn: Corporate Compliance Unit
1789 W Jefferson St.
Mail Drop 2HA1
Phoenix, AZ 85007
- Complete this [online form](#).

Report to AHCCCS

- Provider Fraud
 - In Arizona: 602-417-4045
 - Outside Arizona: 1-888-ITS-NOT-OK (1-888-487-6686)
- Report Member Fraud:
 - In Arizona: 602-417-4193
 - Outside Arizona: 1-888-ITS-NOT-OK (1-888-487-6686)
- If you have questions about AHCCCS fraud, abuse of the program, or abuse of a member, email the AHCCCS Office of Inspector General (OIG) at AHCCCSFraud@azahcccs.gov.