

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. “Community Residential Setting” means the same as defined in A.R.S. § 36-551.
4. “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.
5. “Culturally Competent” means a set of congruent behaviors, attitudes and policies that come together in a system, agency, or among professionals, which enables that system, agency, or those professionals to work effectively in cross-culture situations.
6. “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.

7. "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.
8. "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.
9. "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.

10. "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.
11. "Integrated Community Work Setting" means a worksite that is located in a naturally occurring community of residential, business, social, or educational environments.
12. "Member" means the same as "client" as defined in A.R.S. § 36-551.
13. "Person-Centered" means an approach to planning designed to assist the Member to plan their life and support. This model enables Members to increase their personal self-determination and improve their own independence.
14. "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.

15. "Qualified Vendor" 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.
16. "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.
17. "Responsible Person" means an adult with a developmental disability who is a Member or an applicant for whom no guardian has been appointed, the parent or guardian of a minor with a developmental disability, or the guardian of an adult with a developmental disability.

18. "Service Provider" means an agency or individual operating under a contract or service agreement with the Department to provide services to Division Members.
19. "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; and
 - b. Maintain continuous enrollment as an AHCCCS registered provider.
2. Refer to the AHCCCS website for:
 - a. Information on the services available through the portal;
 - b. Access instructions on how to use the portal; and

- c. Access to instructions on how to update provider registration data including current population groups sets served.
3. Require Service Providers to identify demographic data regarding their population group sets served to report and update any changes to these group sets within 10 days of the change, as outlined in AMPM Policy 610;
4. 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;
5. Meet requirements for professional licensure, certification, or registration;
6. Have a National Provider Identifier, as applicable;
7. Maintain documentation indicating compliance with local fire and sanitation codes and regulations, as applicable;
8. Submit claims for services only if they comply with the DDD Claims Submission Guide;

9. 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;
10. Ensure that each DSP or DCW completes:
 - a. Background checks as required in the Qualified Vendor Agreement; and
 - b. A Criminal History Self Disclosure Affidavit (LCR-1034A FORNA) form annually.
11. Notify the Division when there is a change of address, contact information, or other demographic information by completing an amendment in the Contract Administration System within two business days of the change;
12. Submit to the Division for review and approval of any policies they are implementing that impact Division Members.
13. Have a policy manual that aligns with the policies and minimum requirements in the posted Policy Development Tool (PDT) and include any policy not on the PDT also.

14. Make their policy manual available to the Division Members, and Responsible Persons;
15. Ensure Direct Service Providers (DSP) are awake during the provision of Home and Community Based Services (HCBS);
16. 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 the opportunity to agree or object by asking the individual outright, or by circumstances that clearly give the individual the opportunity to agree, acquiesce, or object; or
 - d. If the Member is incapacitated, in an emergency situation, or not available, disclosure is determined to be in the best interests of the Member.
 - e. Incidentally to an otherwise permitted use and disclosure;
 - f. For public interest and benefit activities; or

- f. To protect against any reasonably anticipated threats or hazards to the security or integrity of such information;
 - g. To protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under subpart E of this Part;
 - h. To ensure compliance with this subpart by its workforce;
 - i. To 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; and
 - j. To follow the code of conduct outlined in the Qualified Vendor Agreement.
- 18. Ensure documents submitted to the Division must be in English;
 - 19. Cooperate with monitoring by the Division and Division authorized entities;
 - 20. Submit their early childhood curriculum to the Division for approval when providing Day Service, Child (DTT) to children who are under age six.
- 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 Responsible Person;
7. Make PHI available for Responsible Person 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 where the Qualified Vendor:
 - i. Requires that Members have the opportunity to engage with others including individuals with and without disabilities who are not paid staff;
 - ii. Provides services in a service site located in a community setting that includes:

- a) Planned opportunities for interaction with community Members,
- b) Information about resources, and
- c) The ability to participate in community events based on individual preferences;
- iii. Provides exploration and learning opportunities related to work and volunteer experiences; and
- iv. Supports Members in developing relationships of their choice.
- b. Integrated Community Work Settings where the Qualified Vendor:
 - i. Requires Members work alongside workers without disabilities, other than paid staff who are providing services to that individual;
 - ii. Requires Members perform the same tasks with the same expectations that a non-disabled peer would perform for pay; and
 - iii. Requires Members freely participate in the social aspects common to the workplace, including:

- a) Having access to all common areas of the enterprise,
 - b) Eating lunch, and
 - c) Taking breaks together.
- c. Integrated Work Settings with respect to facility-based services and these other standards where the Qualified Vendor requires 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; and
- vi. Have access to food during breaks and lunch.
- d. Center-Based Employment where the Qualified Vendor:
- i. Requires that Members have the opportunity to engage with others including individuals with and without disabilities who are not paid staff;
 - ii. Provides services in a service site located in a community setting that includes:
 - a) Planned opportunities for interaction with community members,
 - b) Information about resources, and
 - c) Ability to participate in community events based on individual preferences.
 - iii. Requires 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. Provides support for transportation training or mobility training as outlined in the Member's Person-Centered service plan (PCSP);
- v. Provides 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. Requires 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. Provides orientation, training, and skill development to Members, along with teaching general work skills;
- viii. Incorporates Arizona Disability Benefits 101 (DB 101) and Work Incentive Consultation into the Member's plan to reach employment outcomes;

- ix. Maintain ongoing assessments of strengths, areas for improvement, and overall job performance;
- x. Consults at least annually 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 where the Qualified Vendor:
 - i. Provides 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. Incorporates DB 101 and Work Incentive Consultation into the Member's PCSP to reach employment outcomes;
 - iii. Refers Members at their request for a progressive move into Competitive Integrated Employment; and
 - iv. Provides transportation within the Member's scheduled workday from worksite to worksite and provides support for transportation training or mobility training as outlined in the Member's PCSP.

- f. Community Residential Settings where the Qualified Vendors:
 - i. Refer Members who want to work or gain work-related skills to the Planning Team to consider adding an employment service;
 - ii. Require that Member responsibilities and expectations are explained to Members prior to service delivery; and
 - iii. Require 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.
- 5. Qualified Vendors shall participate in heightened scrutiny monitoring as requested by the Division or AHCCCS.

Megan Taylor

Signature of Network Administrator

Megan Taylor

Name

2025-03-05

Date