



ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM



DIVISION OF
DEVELOPMENTAL
DISABILITIES

Revised Policies Public Forums

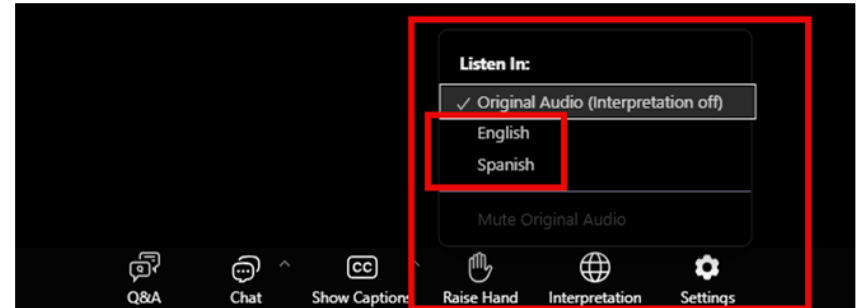
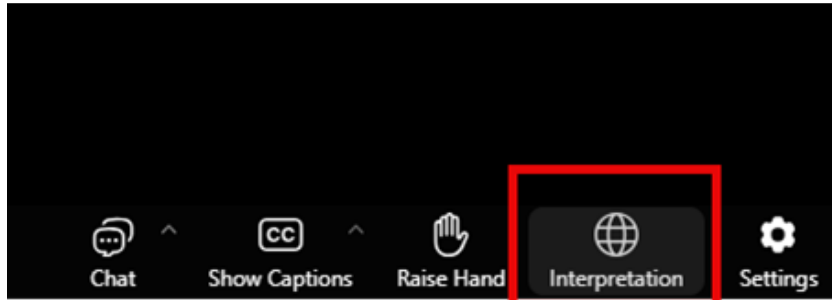
September 2025

Language Selection

Simultaneous language interpretation is available in Spanish.

All participants must:

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Agenda

- General Policy Background and Overview
- Public Comment Process
- Common Themes Received and How They Were Addressed
- Policy Revision Summaries
 - HCBS Needs Tool (HNT) Detailed Overview
- Moving Forward
 - AHCCCS Next Steps
 - DDD Implementation

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Revised Policies/Background

- The updated policies primarily impact the person centered service planning process and attendant care and habilitation services for members under age 18 (regardless of how care/services are delivered).
 - While the review/revisions came from implementation requirements for the PPCG service model, policies must be consistent for all minors under the care of legally responsible individuals (i.e. parents or guardians).
 - This allows for consistent and equitable assessment processes.
- Revisions were made based on state law ([HB 2945](#)) and the conditions and commitments outlined by CMS in the [1115 Waiver](#) approval that granted authority for the continuance of the PPCG service model.
- Policy revisions were based on public feedback and legal, clinical, and/or SME review/updates.

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Revised Policies

- Some policies apply more broadly than to minor children alone
 - All language was evaluated for tone and inference
 - Most updates were formatting consistencies
 - Some included separation of guidance/tools for Adults and Children
 - All language was reviewed for consistency and person-centered language
- Re-enforced documentation standards as well as requirement for comprehensive assessment of needs before determining:
 - Medical necessity and cost effectiveness
 - Who will provide the services (including informal supports if any exist/have interest in providing care)

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AHCCCS Policies Effective 10/01/2025

- 1620-B Needs Assessment Care Planning Standards
- 1620-D Placement and Service Planning Standards
- 1620-E Service Plan Monitoring and Reassessment Standards
- 1620-10 AHCCCS Person Centered Service Plan (exhibit)
- 1620-11 Social Isolation and Loneliness Screening Tool (exhibit)*
- 1620-17 Adult HCBS Needs Tool Guidelines (exhibit)
- 1620-17 Child HCBS Needs Tool Guidelines (exhibit)
- 1620-17 HCBS Needs Tool (exhibit)
- 1620-24 HCBS Scheduling Tool (exhibit)
- 1620-21 Minor Caregiver Options: Discussion Guide and Decision Roadmap (exhibit)
- 1620-22 Parents as Paid Caregiver Service Model Option Acknowledgement of Understanding (exhibit)
- 1240-A Direct Care Services
- 1240-A Service Delivery Monitoring and Supervisory Visit Documentation Form (attachment)
- 1240-E Habilitation

* No substantive changes were made to this policy following public comment; it will not be covered in detail in this slide deck

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DDD Policies Effective 10/01/2025

- 1620-B Person-Centered Needs Assessment and Service Planning Standards
- 1620-D Person-Centered Service Planning Standards
- 1620-E Service Plan Monitoring and Reassessment Standards
- 1240-A Direct Care Services Attendant Care and Homemaker (Direct Care Services)
- 1240-E Habilitation Services and Day Services
- 3001 Family Members as Paid Providers

Note: DDD Support Coordinators will utilize the standard forms/exhibits in the AHCCCS policy.

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Policy Public Comment

AHCCCS Public Comment Period

- Open from May 9, 2025 - July 9, 2025
- Total comments received = approximately 600

DDD Public Comment Period

- Open from June 9, 2025 - July 9, 2025
- Total comments received = approximately 175

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Policy Public Comment: Common Themes

- General
 - Perception the tone of some language was biased towards parents or not person-centric
- Service Assessment
 - Debate about age limits that should be applicable for tasks in the HCBS Needs Tool (HNT)
 - Both to increase and lower the age limits; mixed responses
 - Request that case managers/support coordinators are applying the tool considering the individualized and unique needs of each member while also having a consistent and equitable application of the tool across the board
- Parent Provider Requirement
 - Call to clarify that a parent must be employed by a single agency

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Policy Public Comment: Common Themes

- Same-day Billing
 - Call to clarify when services are duplicative when provided on the same-day
- Service Planning for PPCG Participants
 - Shared concern that requiring a community integration goal for members is not person-centric
 - Request to allow virtual 90-day review visits if member is also utilizing a traditional agency model
- Weekly Hourly Limitations
 - Shared concern that the definition of a week should be defined by the agency

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Policy Public Comment: Addressing Common Themes

- All comments were logged and reviewed/considered. Many comments were the same, but the volume of comments on a topic did not impact the review process.
 - All comments were thoroughly reviewed by subject matter experts at both AHCCCS and DDD.
- Some policy revisions considered in response to public comment were determined to need additional AHCCCS legal review/guidance, which was provided.
- AHCCCS board-certified physicians were utilized to determine appropriateness and establish the extraordinary care criteria for policy revisions addressing age guidelines/care concerns.

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Policy Public Comment: Addressing Common Themes

- Definitions were added where appropriate to provide additional context to what is being described in the policies.
- Specific types of support that must be provided by a Support Coordinator/Case Manager to assist members in navigating transitions within the service system was better described.
 - Examples include identifying alternate providers, making referrals, and coordinating care to support meeting the member's assessed needs.
- Additional clarification was added to reinforce provider's obligation around workforce recruitment responsibilities and related monitoring.

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Policy Public Comment: Addressing Common Themes

- Clarified that assessed attendant care and habilitation needs for children must be determined to be extraordinary in nature and meet established extraordinary care criteria.
- Clarified exclusions for assessed and authorized services when members are receiving K-12 educational services
- Removed limitations regarding services provided by parents (under the parents as paid caregiver service model) between the hours of 10:00 pm and 6:00 am and replaced with a general statement that the paid services are limited to what is assessed and authorized in the HCBS Needs Tool (Exhibit 1620-17) including services determined to be extraordinary in nature and provided during overnight hours

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Policy Public Comment: Addressing Common Themes

- Instituted a six-month residency requirement verification for parent direct care workers under the Parents as Paid Caregiver service model
- Clarified the single agency requirement for members participating in the parents as paid caregiver service model option means each parent must be employed/contracted by one agency for the services they provide to one or more of their own children

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1620-B Assessment Care Planning Standards

This policy outlines the expectations related to member assessment and needs identification, including how to support members as they engage in the planning process.

Revisions Summary

- Clarified the roles of case managers/support coordinators to support members as services are being initiated and/or updates, including transitions to new providers
- Clarified that assessed direct care service needs for children must meet extraordinary care criteria
- Added context regarding the intention and scope of the goal development process, including expectations for written goals and action steps

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1620-D Placement and Service Planning Standards

This policy outlines the process used to determine where, how, and/or from whom a member may receive assessed services.

Revisions Summary

- Clarified assessed direct care service needs for children must meet extraordinary care criteria
- Clarified that members/families must be informed of all the options related to how services can be provided
- Clarified that the member-directed and individualized goal pertaining to engagement with peers in community settings for PPCG participants, does not necessitate the use of paid services to execute this requirement

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1620-E Service Plan Monitoring and Reassessment Standards

This policy outlines requirements for case manager/support coordinator engagement with members including the timing of the assessment process as well as where/how visits may occur and what information must be shared with members during those visits.

Revisions Summary

- Clarified a comprehensive person-centered service plan is only required on an annual basis with some exceptions related to member preference, transitions, and quality of care concerns.
- Clarified quarterly visit location flexibilities pertain only to members living in their own homes, not individuals living in residential settings

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1620-E Service Plan Monitoring and Reassessment Standards

- Clarified members using both a traditional agency model and the Parents as Paid Caregiver service model are still required to have all in-person quarterly review meetings
- Added notation regarding the requirement and purpose of the HCBS Scheduling Tool
- General instructions regarding educating members on the Parents as Paid Caregiver service model option.

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1620-10 Person Centered Service Plan (exhibit)

This is a standardized document used by Support Coordinators/Case Managers that outlines everything that must be discussed/documentated as part of the person-centered service planning process.

Revisions Summary:

- Verbiage changes on multiple questions to clarify intent of the questions for Support Coordinators/Case Managers.
- Verbiage added to multiple questions to allow for closer alignment with NCQA standards.
- Additional documentation space added and verbiage changed on questions to allow for more open discussion, rather than yes/no answers.
- Clarifications made regarding Risk Assessment requirements.
- Expansion of fields in the CM only section to allow for more comprehensive data collection.

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1620-24 HCBS Scheduling Tool (exhibit)

This is a standardized tool to assist Support Coordinators/Case Managers in understanding how a member's day may be structured, including other services they may be receiving, activities they are or want to be engaged in, and the member's vision of how they would experience each day.

Revisions Summary:

- Clarified the intent of the tool is to gain an understanding of the member's day-to-day life reflecting their autonomy and self-determination to inform the assessment of needs and not be inflexible or prescriptive/limiting.
- Updated instructions for case managers and relabeled the drop-down selection menu from “schedule option” to “select one” to better reflect the intended use of the tool.

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1620-17 HCBS Needs Tool and Instructions (exhibit)

This exhibit includes the HCBS Needs Tool (HNT) that is used to assess each member's direct care and habilitation service needs as well as the guidance documents that outline how case managers/support coordinators should utilize the HNT.

Revisions Summary:

- Created two distinct guidance documents as well as separated the HNT into two separate tabs; one for children (ages 0-17) and one for adults (ages 18+)
- Created additional guidance to support the determination of supervision hours
- Created guidance to support the determination of habilitation hours, including medical necessity criteria by age groups (for minor children)

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1620-17 HCBS Needs Tool and Instructions - (exhibit)

- More explicitly outlined documentation requirements for case managers
- Clarified the needs assessment process must be comprehensive and cannot account for who may deliver care, including informal supports, until after a full assessment is completed.
- Better outlined the process used to identify informal supports and clarified that they cannot be evaluated until after the comprehensive needs assessment is completed, nor can anyone be obligated to provide care as an informal (unpaid) support
- Clarified that the Time Guidelines are a reference and that individual's unique needs (actual time needed) must be reflected in the assessment process

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1620-17 HCBS Needs Tool - (exhibit)

Child-Specific HNT

Revisions Summary:

- Further outlined the extraordinary care and that it must be considered when the child is past the developmental age milestone
- Clarified that the tool applies to all children, regardless of how they are receiving services due to being under care of legally responsible individuals
- Clarified that the developmental milestone ages are not flexible

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1620-17 HCBS Needs Tool - (exhibit)

Child-Specific HNT

Service/Task	Post Public Comment Age Requirements
Housekeeping/Cleaning	Do not assess for ages under 18 (but allow for age-appropriate hab goal for members 16+)
Laundry	Do not assess for ages under 18 (but allow for age-appropriate hab goal for members 16+)
Incontinence-Based Laundry	Do not assess for ages under 7
Food Shopping	Do not assess for ages under 18 (but allow for age-appropriate hab goal for members 16+)
Medication Pick Up	Now a stand-alone task; no age limit
Meal Prep/Clean Up	Do not assess for ages under 12
Eating/Feeding	Do not assess for ages under 8

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1620-17 HCBS Needs Tool - (exhibit)

Child-Specific HNT

Service/Task	Post Public Comment Age Requirements
Bathing	Do not assess for ages under 8
Dressing	Do not assess for ages under 7
Grooming	Now separate from Dressing; do not assess for ages under 8
Toileting	Do not assess for ages under 6
Specialty Toileting	No age limit
Mobility	Do not assess for ages under 4
Transferring	Do not assess for ages under 4

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1620-17 HCBS Needs Tool - (exhibit)

Child-Specific HNT

Service/Task	Post Public Comment Age Requirements
Attendant Care Supervision	Do not assess for ages under 10
	For ages 10-12: Assess if the child requires active monitoring/supervision at all times, meaning that an adult must be in the same room with the child, while the child is awake.
	For ages 13-15: Assess if <ul style="list-style-type: none"> • the child cannot be left unattended for 1-2 hours with access to an adult (adult out of home but with phone access, adult in the house but not in the same space) or • if an adult is required to be in the same room as the child at all times.
	For ages 16+: Assess if <ul style="list-style-type: none"> • the child cannot be left unattended (adult out of the home without immediate access for 2+ hours), • cannot be left without access to an adult (adult out of home but with phone access and/or close proximity or an adult in the house but not in the same space), or • if an adult is required to be in the same room as the child at all times.

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1620-17 HCBS Needs Tool - (exhibit)

Child-Specific HNT

Service/Task	Post Public Comment Age Requirements
Habilitation	Do not assess for ages 0-2
	For ages 3-5: Not to exceed 5 hours in a 7-day period (no day to exceed 45 minutes)
	For ages 6-9: Not to exceed 9 hours in a 7-day period (no day to exceed 2 hours)
	For ages 10-12: Not to exceed 11 hours in a 7-day period (no day to exceed 3 hours)
	For ages 13-17: Not to exceed 14 hours in a 7-day period (no day to exceed 3 hours)

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1620-17 HCBS Needs Tool - (exhibit)

Adult-Specific HNT

Revisions Summary:

- Incorporated minor revisions to supervision and habilitation, based on public comments received and clinical review/guidance
 - Habilitation guideline: No day to exceed 8 hours
- Updated the formatting to promote consistency between the child and adult tool

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1620-21 Minor Caregiver Options: Discussion Guide and Decision Roadmap (exhibit)

This exhibit supports case managers/support coordinators in discussing with families the caregiver options available to them to promote informed decision making in the best interest of the member.

Revisions Summary:

- Removed all reminders and instructions for case managers and incorporated them into an instructional guide to streamline the standard form
- Reframed the purpose of the tool is to highlight circumstances, discussion points and considerations to facilitate informed decision making without evaluating parenting or familial choices and dynamics

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1620-21 Minor Caregiver Options: Discussion Guide and Decision Roadmap (exhibit)

- Clarified expectations that the entire facilitated discussion is required to limit decisions based upon the Support Coordinator/Case Manager making assumptions about the appropriate caregiver option(s) and ensuring the consistent application for everyone
- To streamline the discussion, created a separate discussion workflow for members who are newly assessed for direct care services and others who are revisiting previous discussions as required and appropriate
- Created an action item listing at the end of the form to support integration of the items into the Person-Centered Service Planning (PCSP) form

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1620-21 Minor Caregiver Options: Discussion Guide and Decision Roadmap (exhibit)

- For the member-specific considerations sections, clarified the case manager will share input gathered from the member to the parent or Health Care Decision Maker so it can be prioritized to help inform final decisions regarding caregiver option(s)
- Modified discussion prompts to center around the member particularly as it pertains to their socialization, health, recreation and (more broadly) the quality and continuity of care

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1620-22 Parents as Paid Caregiver Service Model Option Acknowledgement of Understanding (exhibit)

This exhibit is a form that must be signed by any parent that intends to provide paid care to their minor member via the PPCG service model.

Revisions Summary:

- Clarified the workflow requirements including the roles of the Support Coordinator/Case Manager, provider agencies, and parents
- Changed the 40-hour weekly limitation references to a 40-hour limitation within a seven-day period
- Added six-month residency requirement attestation
- Added statement regarding prior approval by the case manager/support coordinator for services provided while traveling

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1620-22 Parents as Paid Caregiver Service Model Option Acknowledgement of Understanding (exhibit)

- Clarified the provider agency is required to recruit alternate caregivers, but the member/family can choose to participate in the process if they are interested in doing so
- Clarified the single agency requirement for members participating in the parents as paid caregiver service model option means each parent must be employed/contracted by one agency for the services they provide to one or more of their own children
- Provided resource information for understanding how earned income may impact Medicaid or other publicly funded benefits

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1240-A Direct Care Services

This policy outlines requirements specific to direct care (attendant care, homemaker, and personal care) service provision, including requirements for case managers/support coordinators and providers as well as specific PPCG considerations.

Revisions Summary:

- Clarified instances when a legally responsible individual is responsible for a member, the paid services provided to the member must be determined to be extraordinary in nature.
- Clarified exclusions for assessed and authorized services when members are receiving K-12 educational services
- Provided context regarding the limited circumstances when services may be provided outside of the State.
- Provided flexibility regarding reference checks for direct care workers

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1240-A Direct Care Services

- Instituted six-month residency requirement verification for parent direct care workers under the parents as paid caregiver service model option
- Provided flexibility for provider agencies to utilize virtual 90-day continuing supervisory/monitoring visits
- Clarified expectation of skill development and training within the scope of attendant care
- Clarified billing limitations for members who receive both attendant care/personal care and a skilled nursing service
- Clarified the single agency requirement for members participating in the parents as paid caregiver service model option means each parent must be employed/contracted by one agency for the services they provide to one or more of their own children

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1240-A Direct Care Services

- Removed limitations regarding services provided by parents (under the parents as paid caregiver service model) between the hours of 10:00 pm and 6am and replaced with a general statement that the paid services are limited to what is assessed and authorized in the HCBS Needs Tool (Exhibit 1620-17) including services determined to be extraordinary in nature and provided during overnight hours

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1240-A Service Delivery Monitoring and Supervisory Visit Documentation Form (attachment)

This attachment is for provider agencies to use when they are monitoring and evaluating the quality of direct care services provided.

Revisions Summary:

- Removed all reminders and instructions for provider agencies and incorporated them into an instructional guide to streamline the standard form
- Updated policy requirement notations to reflect changes made to supervision requirements in AMPM 1240-A
- Streamlined questions including removing potential duplicative questions and modified text for clarity

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1240-E Habilitation

This policy outlines requirements specific to habilitation service provision, including requirements for case managers/support coordinators and providers as well as specific PPCG considerations.

Revisions Summary:

- Removed requirement for individuals providing habilitation services to also have met the direct care worker training and competency standards to afford more time to evaluate this recommendation
- Removed specific visit documentation requirements for individuals providing the service and directed the individual should follow the direction of the agency when it comes to documenting service delivery to afford more time to evaluate this recommendation

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1240-E Habilitation

- Established minimum data points that are required in the provider agency's quarterly summary report distributed to the case manager
- Instituted six-month residency requirement verification for parent direct care workers under the parents as paid caregiver service model option
- Clarified that the member-directed and individualized goal pertaining to engagement with peers in community settings for PPCG participants, does not necessitate the use of paid services to execute
- Clarified the single agency requirement for members participating in the parents as paid caregiver service model option means each parent must be employed/contracted by one agency for the services they provide to one or more of their own children

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1240-E Habilitation

- Removed limitations regarding services provided by parents (under the parents as paid caregiver service model) between the hours of 10:00 pm and 6am and replaced with a general statement that the paid services are limited to what is assessed and authorized in the HCBS Needs Tool (Exhibit 1620-17) including services are determined to be extraordinary and provided during overnight hours.
- Clarified expectations for therapists to train primary caregivers (paid and unpaid) to carry out therapy activities within the normal routine of a member
- Clarified exclusions for assessed and authorized services when members are receiving K-12 educational services

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Next Steps for AHCCCS

- EPD Implementation
 - Separate meetings will be scheduled with the EPD health plans and Tribal ALTCS to provide guidance and materials for implementation of case manager training and PCSP updates
- Standard Policy Reviews
 - Maintain the standard regular and ad hoc policy reviews to evaluate if revisions are needed to make technical corrections, ensure alignment across all policies or to provide clarification.
- PPCG FAQ Updates
 - As of the date of this forum, the **FAQs have not yet been updated** in response to themes from the public comment process.
- Evaluate the potential need for additional stakeholder forums

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DDD Implementation



Planning Meeting Changes

Beginning October 1, 2025, members eligible for the Arizona Long Term Care System (ALTCs) will complete one full person-centered service plan (PCSP) with their Support Coordinator each year. They will review the member's PCSP at the three other 90-day Planning Review meetings. Most members can choose to hold the 1st 90-day and 3rd 90-day planning meeting review virtually. Virtual meetings must have both audio and visual capabilities.

Support Coordinators hold a full in-person **Annual PCSP meeting** once per year in the member's home.

The member's PCSP will be reviewed at the **first 90-day Planning Meeting Review**. Some members can choose to hold this meeting virtually. It can also be held at a service location.

The member's PCSP will be reviewed at the **second 90-day Planning Meeting Review**. This meeting will be in person at the member's home.

The member's PCSP will be reviewed at the **third 90-day Planning Meeting Review**. Some members can choose to hold this meeting virtually. It can also be held at a service location.

The member can still request to have their PCSP updated more often if needed

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Virtual Meeting Limitations

All PCSPs and 90-day PCSP Planning Review Meetings will continue to be held in person with no virtual option for:

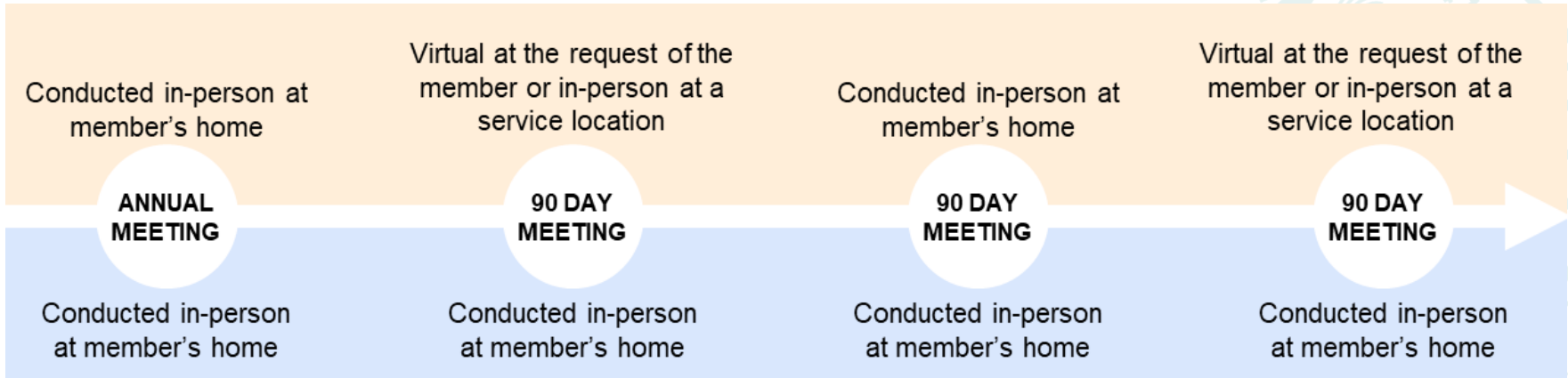
- Members on a 180-day review cycle.
- Members using the Parents as Paid Caregiver (PPCG) service model.
- Members using the Spouses as Paid Caregivers service model.
- Members using the Independent Provider service model.
- Members not residing in a private residence ("own home").
- Members without access to the internet or if it costs minutes on their phones.

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Planning Meeting Changes

Members eligible for virtual option



Members not eligible for virtual option

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Updates to the PCSP

The PCSP is considered a living document that is updated throughout the year. Updates may be made to the full PCSP, or through one of the following:

Planning Review Meeting Document	Change of PCSP Document
<ul style="list-style-type: none">● Used during a scheduled 90-day Planning Review Meeting● Considered an extension of the full annual PCSP● Focused on:<ul style="list-style-type: none">○ Monitoring progress towards reaching goals/outcomes○ Changes with needs, daily routine, preferences, informal supports, indirect services, resources, etc.○ Addressing any barriers or gaps in services● Has the capability to update, add or revise the PCSP in areas such as goals/outcomes, service plan, risks, rights restrictions, action plans, etc.	<ul style="list-style-type: none">● May be completed in response to a request received outside of a an annual planning meeting or planning review meeting to update the PCSP● Is considered an extension of the full annual PCSP● Has the capability to update, add or revise the PCSP in areas such as goals/outcomes, service plan, and Action Plan● May not be used when a member has experienced major life changes/transitions (e.g., death of a family member, loss of home, new risks or rights restrictions, major hospitalizations, quality of care concerns)● May not be used for changes related to AzEIP services as those must be updated on the IFSP

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Support Coordinator Training

- Support Coordinators will receive 2 days of training in cohorts between September 2nd and September 30th that focuses on:
 - Planning Meeting Changes
 - Revised HCBS Needs Tool
 - PPCG Changes
 - New PPCG service model conditions and limitations
 - Assessing for extraordinary care
 - New/revised policies, tools and exhibits
- Support for the Support Coordinators

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Moving Forward

PPCG and PCSP changes take effect on October 1, 2025

- A member's annual plan will be scheduled to align with their current ISP/'Set In Stone' date. However, a member may request a full PCSP meeting at any time
- Virtual meeting options will be offered to those who are eligible for them
- All members under age 18 will be reassessed using the revised HCBS Needs Tool during their first meeting (annual or 90-day) that occurs after October 1, 2025
- The Scheduling Tool, Decision Roadmap and PPCG Acknowledgement forms will be completed with families participating in the PPCG service model during their first meeting (annual or 90-day) that occurs after October 1, 2025

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**For questions
specific to the
policies, please
email:
PPCG@azahcccs.gov**

**If you have a question or
concern regarding a specific
member circumstance, please
address with your case
manager/support coordinator at
the next scheduled planning
meeting.**



ARIZONA
HEALTH CARE COST
CONTAINMENT SYSTEM



ARIZONA DEPARTMENT OF
ECONOMIC
SECURITY

DIVISION OF
DEVELOPMENTAL
DISABILITIES

Thank You