

DDD SHOUT

PROVIDER NEWSLETTER

Volume XIII - May 2020

A Message from the Interim Assistant Director

The last few months have been uncharted territory for all of us, and society is doing its best to collectively respond to the challenges generated by COVID-19. As Qualified Vendors, you and your staff members have played a critically important role throughout this difficult time. Your work ensures DES is able to provide the supports and services needed for DDD members to stay as safe and healthy as possible during this crisis.

DDD has implemented many [temporary measures](#) to ensure that qualified vendors receive the support needed in order to continue service delivery to DDD members. Governor Ducey's recent [Stay Healthy, Return Smarter, Return Stronger](#) Executive Order does not change any of those temporary measures. The flexibilities and alternative service delivery options will remain in place until explicitly notified by DDD. In Governor Ducey's Executive Order referenced above, there is a section directly addressing vulnerable individuals, and many DDD members fall in that category. DDD takes seriously the recommendation that additional precautions should be taken to protect vulnerable individuals. We also must continue to support member rights during the pandemic.

DDD recognizes that the state re-opening combined with the increase in positive cases among DDD members presents a significant challenge. Strict adherence to mitigation protocols and the policies and procedures outlined in your pandemic plans will be critical over the weeks to come. DDD also recognizes that Qualified Vendors may serve members who are also served by other Qualified Vendors. DDD will soon be sharing a policy that requires Qualified Vendors to make their pandemic plans available to anyone who may request them. We all must work together to best support members and the staff that are with them on a daily basis.

The work you are doing to see we get our members and their families through this unprecedented time period is simply amazing. Your work has a direct impact on the lives of tens of thousands of Arizonans. I cannot state enough times how thankful and appreciative we are of your dedication in the face of such difficult circumstances. Thank you for everything you do.

Zane Garcia Ramadan - DDD Interim Assistant Director

Rate Book Updates

In response to COVID-19, the Division of Developmental Disabilities has made a number of temporary changes to service delivery over the last several weeks.. All related information can be found on the Division's [Actions Related to COVID-19 webpage](#). Two of the more recent updates involve the rate book.

First, DDD has developed a temporary rate book that can be [accessed here](#). For dates of service between April 13, 2020 and July 3, 2020, claims may be submitted utilizing these temporary rates. These temporary incentive rate adjustments provide additional funding for select services through an alternative payment model. The temporary incentive rate increases address a significant concern DDD has heard from the provider community related to retention of direct care worker staff (including Attendant Care, Habilitation, Group Homes, Independent Living Arrangements and Respite) during

this pandemic. The rate adjustments are intended to assist Qualified Vendors in retaining and recruiting direct care staff. In order to receive the incentives, Qualified Vendors must agree to distribute at least 80% of the incentive adjustment amount to the direct care staff in the form of a temporary increase in salary, wages, stipends, and related ERE costs. The incentive adjustment amount is the incremental change between the January 1, 2020, rates and these temporary rates. More information about these temporary incentive rate adjustments can be found in the [vendor announcement published on May 11, 2020](#).

Second, on May 6, 2020, DDD published a [vendor announcement](#) that included information about new ratios being added to the permanent rate book for center-based employment and transition to employment services. As indicated, the new ratios for these services are permanent and can be billed for beginning May 11, 2020. The updated ratios can be found on pages 16-18 of the [Rate Book effective May 6, 2020](#).

AHCCCS ETC - Equality Through Choice

This notice is intended to provide an update for HCBS providers who operate one or more of the following settings:

- Assisted Living Facilities
- DDD Group Homes
- DDD Adult and Child Developmental Homes
- Adult Day Health Facilities
- DDD Day Treatment and Training Programs
- DDD Center-Based Employment Programs
- DDD Group-Supported Employment Programs

This notice includes a summary of information that has been posted on the HCBS Rules website (www.azahcccs.gov/HCBS) to support providers in preparing to comply with the HCBS Rules mandate.

Differential Adjusted Payment

AHCCCS intends to offer a Differential Adjusted Payment (DAP) opportunity for HCBS providers who operate one or more of the HCBS settings listed below.

- Residential (Assisted Living Facilities, Group Homes, Adult and Child Developmental Homes)
- Employment (Center-Based Employment Programs, Group-Supported Employment Programs)
- Day Program (Adult Day Health Programs, Day Treatment and Training Programs)

Providers who meet both of the following criteria by May 29, 2020 may be considered to receive an increased percentage to their current rate for HCBS services during the period of October 1, 2020 through September 31, 2021.

1. Must have attended or attest to viewing Sessions 1 and 2 of the HCBS Provider Training
2. Must complete the HCBS provider pre-screening survey

Please refer to the tabs on this webpage (www.azahcccs.gov/HCBS) entitled “HCBS Provider Survey” and “HCBS Provider Training” for more information. It is important to note that if you attended the training sessions, AHCCCS has a record of your attendance on file. You only need to send in the attestation if you are viewing the sessions online.

Please note – Funding for DAP rate increases is subject to the appropriation of State funds and State budget constraints. Federal funding for DAP rate increases is contingent upon federal approval. All decisions or considerations included in this notice are therefore subject to the availability of funds and federal approval.

Office of Individual and Family Affairs (OIFA) Adds Behavioral Health Advocates

The OIFA is excited to announce that both the adult and child behavioral health advocate positions have been filled. The role of each position is to assist ALTCs members with behavioral health needs to obtain the services needed and to assist members and their families in navigating the behavioral health services available through their DDD Health Plans.

Ebony Atkinson serves as the Adult Behavioral Health Advocate. Ebony has several years of experience with behavioral health, behavioral/mental health diagnoses and trauma-informed care, including support for those with behavioral health issues in the penal system. Previously, Ebony was a Support Coordinator in the Cholla office.

Kim Foy serves as the Child Behavioral Health Advocate. She is the parent of two sons, both of whom have behavioral health needs, and a daughter who was diagnosed with Rett Syndrome, which brought her into the volunteer world of children's advocacy serving in policy and program advisory roles. This includes DDD's Program Review Committee, Human Rights Committee and the Dream Team. Previously, Kim was employed at Raising Special Kids as a family support facilitator supporting parents in their journey of learning and advocating for their children.

Reminder About QVA Assignment Contract Requirements

DDD Qualified Vendors who contract with the Division through the Qualified Vendor Agreement (QVA) to provide services to members have a number of responsibilities as outlined in the QVA. These responsibilities include obtaining consent from DDD prior to engaging in a change of ownership and/or tax identification number, as well as proposed mergers, reorganization or affiliation. The Division, through the QVA, has the authority to void and immediately terminate a QVA upon assignment without prior approval.

The following [sections of the QVA](#) should be used as reference regarding qualified vendor requirements.

- **6.5.14 Merger or Acquisition**
 - 6.5.14.1: The Qualified Vendor shall not change ownership and/or taxpayer identification number without the prior written consent of the Division during the term of this Agreement. Consent shall not be unreasonably withheld.
 - 6.5.14.2: A proposed merger, reorganization, affiliation, or change in ownership of the Qualified Vendor shall require prior approval of the Division. In some cases, a new Application may be required.
- **6.6.4: Assignment and Delegation**

This Agreement, and the rights and obligations hereunder, may not be assigned or delegated by the Qualified Vendor without prior written consent of the Division. The Division shall not unreasonably withhold approval.
- **6.10.8: Voidability of Agreement**

This Agreement is voidable and may be immediately terminated by the Department upon the Qualified Vendor becoming insolvent or filing proceedings in bankruptcy or reorganization, or upon assignment or delegation of the Agreement without prior written approval from the Department.

Fraud, Waste and Abuse (FWA)

According to the U.S. Centers for Medicare & Medicaid Services (CMS), those who exploit Federal health care programs cost taxpayers billions of dollars while putting beneficiaries' health and welfare at risk. The impact of these losses and risks magnifies as Medicare and Medicaid programs continue to serve a growing number of beneficiaries. As part of the Division's AHCCCS contract, CMS guidelines and other state and federal regulatory requirements, the Division must maintain a Corporate Compliance Program. This program is dedicated to oversight and monitoring activities ensuring compliance with all state and federal regulations, to include the prevention, detection and remediation of fraud, waste and abuse. According to [Division Provider Policy Manual Chapter 20](#), fraud, waste and abuse (FWA) are defined as follows:

- **Fraud** is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in an unauthorized benefit to himself or another person.
- **Waste** is the over-utilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicaid program.

- **Abuse** means provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services which are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the Medicaid program.

FWA can take many forms and can include things like:

- Billing for services that were never given to members.
- Billing for a service that has a higher reimbursement than the service produced.
- Providing services that are not medically necessary.
- Reimbursement for services that are not medically necessary.
- Services fail to meet professional health care standards.
- Billing for non-covered services.

Many individuals are involved in the health care process including providers, members, families, health plans, manufacturers and pharmacies. Any person can be involved in FWA; therefore, it is critical that everyone involved is vigilant in identifying and reporting potential FWA.

There are laws and regulations that apply to FWA:

- Federal False Claims Act (FCA) is a federal law that makes it a crime for any person or organization to knowingly make a false record or file a false claim regarding any federal health care program, which includes any plan or program that provides health benefits, whether directly, through insurance or otherwise, which is funded directly, in whole or in part, by the United States Government or any state healthcare system. This includes having actual knowledge that a claim is false or acting with “reckless disregard” as to whether a claim is false.
- The Stark Law is a law that prohibits physicians from referring patients for certain designated health services paid for by Medicare and Medicaid to any entity in which they have a “financial relationship”, including any direct or indirect ownership or investment interest by the referring physician, as well as any financial interests held by any of the physician’s immediate family members.
- The Anti-Kickback Statute is a federal statute that prohibits the exchange of compensation, which the statute defines broadly as anything of value, for referrals for services that are payable by a federal program, which, in the context of healthcare providers, is Medicare and Medicaid.

The consequences for committing FWA are wide-ranging based on the severity of the infraction. These penalties can include exclusion from participating in federal healthcare programs, loss of provider licensing, criminal conviction including imprisonment and financial restitution or fines. The simplest and most ethical approach to combat FWA is prevention, detection and correction.

Report Suspected FWA:

- FWA Hotline: 877-822-5799
- Email: DDDFWA@azdes.gov
- Online: http://bit.ly/ddd_fwa
- AHCCCS: <https://www.azahcccs.gov/Fraud/ReportFraud/>
- Mail to:
DES/DDD
Attention: Corporate Compliance Unit
1789 W. Jefferson St. 4th Floor
Phoenix, AZ 85007

When reporting suspected FWA it is important to remember that whistleblowers are protected under the False Claims Act Section 3730 (h). Additionally, the Division does not retaliate against members, employees, providers, subcontractors or agents for reporting suspected cases of FWA or bringing a civil suit for a possible False Claims Act violation.

Qualified Vendor and Provider Meetings

DDD has regularly scheduled monthly meetings with all Qualified Vendors and Providers or those that provide specific services as a means of communicating with the regarding Division initiatives and updates. These meetings have traditionally been held in person at a location that can support a large group of people. As a result of the COVID-19 pandemic, the Division is making all of these meetings virtual for the remainder of 2020. The full schedule can be found on the Current Qualified Vendors and Providers main page under the Qualified Vendor/Provider Meeting Schedule section. Information to access each meeting will be issued by the District Network units prior to each meeting.

QVA Provider Directory

The Division's Qualified Vendor Application (QVA) Provider Directory Search application was enhanced in 2019. New features include the ability for a Qualified Vendor to update and maintain the required site-specific details, including cultural/linguistic capabilities and accessibility features. This information is used to improve the overall functionality of the Provider Directory and online Provider Search used by members and Support Coordinators and will assist in matching members/families with Qualified Vendors.

Qualified Vendors are responsible for updating and maintaining this site-specific information. The Division updated [Provider Policy Manual Chapter 47, Managing Vendor Call Lists, Provider Directories and the Scope of Services and Reporting](#) in September 2019 to reflect this requirement and compliance with AHCCCS Contractors Operations Manual (ACOM) 406 – Member Handbook and Provider Directory, which includes requirements for identifying facilities with special accessibility features.

Please ensure the required site-specific information for your facilities is up-to-date as inaccurate information can result in mis-matching members with your agency or your agency not being considered for a service you are able to provide.

Additional resources:

- [DDD Vendor Directory Application User Manual](#)
- [Provider Manual Chapter 47: Managing Vendor Call Lists, Provider Directories, Scope of Services and Reporting Requirements](#)

Vendor Call Process

The Division continues to use the Arizona Management System (AMS) to streamline processes and make improvements. The Division has conducted a review of its current vendor call system and associated processes in order to identify additional enhancements and improve data collection. We will soon be seeking feedback about potential changes to improve the user experience with the vendor call system. We intend for identified changes to be implemented by the end of 2020.

Central Registry Form Revision

The Central Registry form, [DDD-1703A](#), is submitted by vendors and contractors to DDD to request a background check through the Arizona Department of Child Safety (ADCS) portal for prospective staff that will have contact with DDD members.

- DDD has made the following changes to the form in order to improve processes with other Arizona Department of Economic Security (ADES) Divisions and the vendor community:
- Added a box for ADES Office of Procurement (OP) contact and solicitation/contract information;
- Increased field size for the requestor's email address;
- Changed turn around time from two (2) days to five (5) days to account for weekends;
- Added compliance email address for vendors to reply within ten (10) days if there is a disqualifying background check on an individual;
- Removed tracking number field from additional pages; and
- Labeled name field as First Name Last Name.

DDD Town Hall Meetings

As a result of the town hall meeting held on Thursday, May 14, 2020, and the feedback provided by the attendees, the Office of Individual and Family Affairs (OIFA) will continue hosting virtual town hall meetings for members, families and providers on a weekly basis. OIFA had intended to return to a monthly schedule but the members, families and providers on Thursday's call overwhelmingly asked the Division to continue hosting the meetings weekly during the COVID-19 pandemic as information changes quickly. The town hall meetings will continue to be held weekly on Thursdays from 6:00 p.m. to 8:00 p.m.

The information for accessing the meeting will be the same each week:

- WebEx: <https://azgov.webex.com/webappng/sites/azgov/meeting/info/161334110389838666?MTID=m-41f6a011cff265a628988c1141d08fb1>
- Phone: 602-666-0783 and use Access Code: 283 462 328

Please share this information with the members and families you serve and encourage them to participate

Get Caught Up

Did you know the Division posts PDF versions of vendor announcements and editions of the Shout on the web? Get caught up on all of the recent vendor communications and stay informed, <https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/vendor-announcements>.

If you have any information that you would like to see in the DDD Shout, please email your suggestions to DDDCommunications@azdes.gov.

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