DDD SHOUT
PROVIDER NEWSLETTER

AHCCCS Provider Enrollment Portal (APEP) Launches Aug. 31

As of August 31, 2020, all new providers, as well as existing providers who need to update their accounts, will use the **AHCCCS Provider Enrollment Portal (APEP)**. This 24/7 online system, streamlines the provider enrollment process and eliminates the need for paper-based applications.

Learn to Use APEP

AHCCCS has created several tools to help providers understand the new APEP system.

Tutorial documents are available for the following provider types:

- Facility / Agency / Organization (FAO)
- Atypical Individual
- Atypical Agency
- Group Practice
- Individual
- Modification Request

Two **training videos** are available, one on How to Register, and the other on the Enrollment Process.

From August 17-28, AHCCCS will conduct facilitated training sessions for providers. AHCCCS is available to answer any questions providers may have about APEP. Please email questions to AHCCCS at **APEPTrainingQuestions@azahcccs.gov**.

Forms

The OLCR Tracking Application will no longer require AHCCCS Forms such as the Provider Participation Agreement or the Disclosure of Ownership. Those forms will be submitted by vendors directly to AHCCCS through APEP.

The following forms are still required:

- Form LCR-1077A, Provider Registration, has been reformatted and renamed: Application for Renewal or Amended HCBS Certificate.
- Form LCR-1082A, Application for Group Home Certificate, has been added to the OLCR Tracking Application.
- Form LCR-1025A, Application for Initial HCBS Certification, has been reformatted and renamed LCR-1083A.

Staff Roster

The staff roster has been updated and can be accessed here: **OLCR_ROSTER_TEMPLATE**. After August 26, 2020, the old Excel template will no longer be accepted. Please refer to the Excel file, "**Agency Roster Excel Specifications**," for information on field validation and compliance requirements.

The updated staff roster includes a New Employee category which allows a new employee to show as compliant for up to 90 days while the employee completes required training. Other changes to the tracking application include simplified compliancy readings and a more mobile-friendly interface. The roster template and the specifications will be available within the OLCR Tracking Application.

Existing data within the OLCR tracking application will be transferred to the new roster. Some staff may appear non-compliant until updated data is entered by the vendor because of the new changes to the roster.

Vendors who are in the process of renewing an HCBS Certificate will not be expected to re-upload the roster in order to complete the renewal. The HCBS certification specialist will work with the vendor to ensure the renewal is completed timely. An **updated vendor manual** is available on the DDD website and within the OLCR Tracking Application.

AHCCCS Electronic Visit Verification

Beginning, January 1, 2021, all providers subject to the EVV requirements must use EVV to verify service delivery. AHCCCS is using EVV to help ensure, track and monitor timely service delivery and access to care for members. This means AHCCCS wants to use EVV to make sure members get the services that they need, when they need them. AHCCCS' contracted vendor, Sandata Technologies LLC, will deliver the EVV system and associated devices, as well as provide system orientation and training to providers.

Providers selecting to use the SanData system need to identify a staff member that will be their designated EVV Administrator. The Administrator must complete two initial training courses before they can gain access to the SanData EVV system. These courses will be available in both eLearning and Webinar formats. Once those courses are completed, the Administrator will receive a welcome kit via email with further instructions regarding how to assign staff to specific training courses, how to add staff to the system, build schedules, order devices and validate pre-loaded data. If your agency did not **complete the survey from April 2019** to inform readiness activities, AHCCCS may not have the contact information for your EVV Administrator. The Division will be reaching out to all agencies for whom AHCCCS does not have that information. It is important that you respond to these Division inquiries to ensure you receive the proper notifications and are ready to implement EVV by the required start date.

AHCCCS has posted the Alternate EVV vendor system and technical specification requirements to the AHCCCS website for those providers choosing to use an alternate vendor from AHCCCS' selected vendor, Sandata Technologies LLC. More detailed information can be found on the EVV webpage (**www.azahcccs.gov/EVV**) under the "Alternate EVV System Requirements and Technical Specifications" tab. If your agency has chosen to use an alternate EVV system, you should already be in the testing phase to ensure compliance with the January 1, 2021, go live deadline. AHCCCS and SanData hosted two webinars in July for providers choosing to use an alternate EVV system. Both webinars were recorded and are available here, **https://youtu.be/HH8Re1Fxc4g**, and here, **https://youtu.be/PhlRB0Aapa0**.

Remote Learning and DDD Members

The issue of school aged DDD members who are not able to attend in-person school and who need support to engage in remote learning is a topic that is very important to members, families and providers. DDD continues to work closely with AHCCCS and the Arizona Department of Education and is awaiting clarification on what services if any will be deliverable during school time. Once that guidance is received DDD will provide further guidance and clarification. The interim guidance DDD has provided to Support Coordinators and vendors/providers remains the same:

- If service authorizations are currently on the member's plan and those services extend beyond the beginning of the school year, these services can remain on the plan and vendors should deliver these services as outlined in the approved plan.

- If authorized services expire and were in their entirety or a portion being used to support remote learning, the remote learning portion of services cannot be extended.

- If you receive new requests for services to support children to engage in their school day, these cannot be authorized until we have more clarity from our funding and regulatory partners on this issue. As soon as we have guidance to share, we will immediately notify all staff, vendors, and other stakeholders.

In the meantime, there is one clarification about the school day that DDD can provide based on a number of questions that have been submitted to the Division. Support Coordinators should use documentation from the member's IEP or 504 plan, and published school learning plan (such as on a district website) to identify the schedule for in-person, synchronous, asynchronous, and hybrid learning schedules to identify each child's "school day".

- Synchronous learning is online learning with scheduled, real-time virtual instruction. Children attend the classroom virtually each day and submit assignments and participate as they would if they were attending in person.

- Asynchronous learning is online learning supported through a virtual platform with teacher-created lessons and assignments. Parents and students determine the schedule to get the work done.

- Hybrid models are a combination of the two.

Parents should provide additional information about the schedule they establish for each child who is in a part or full time asynchronous learning model. The Support Coordinator will document the child's school day in the planning document before assessing any medically necessary services. Medically necessary services, which do not support a member's school day, may still be assessed and authorized as usual.

Recommended Precautions for Prevention & Support Instructors During the COVID-19 Pandemic

On Friday July 24, 2020, the Statewide Prevention & Support Advisory Workgroup met and discussed best practices for Prevention & Support Instructors who have elected to continue facilitating Prevention and Support courses during the current COVID-19 pandemic. To reduce the amount of physical contact necessary and better ensure the safety of both instructors and participants in the course, the following precautions have been approved by the workgroup:

1. Limit number of class participants to not more than six to ensure adequate social distancing in the training space and allow for possible increase in times necessary for adequate training and testing of the emergency physical intervention techniques with reduced physical contact.

2. All classroom work surfaces should be sanitized prior to beginning of the class.

3. Consider requiring temperature checks of all participants prior to entering the training space.

4. Require participants to bring their own masks or prepare to provide masks that must be worn throughout the entire course.

5. Disposable gloves should be issued to each participant and they must be worn during each of the three segments of training and testing of the emergency physical intervention techniques.

6. All participants are required to wash their hands prior to the start of class and before returning from each break and lunch.

7. The instructor must pair off participants at the beginning of the course to ensure each participant has physical contact only with their assigned partner and the instructor if necessary.

8. The instructor must utilize the video demonstrations of each emergency physical intervention technique and only physically demonstrate a technique, using the same volunteer participant throughout the day, when it becomes necessary

9. The instructor will have only one pair of participants at a time practice each of the emergency physical intervention techniques, offer correction verbally, and when the participants are ready, regardless of the number of times practiced, the instructor will ask each participant to demonstrate with their partner the technique as they test out.

Contact DDD Training Coordinator **Timothy Payne** with any questions.

Qualified Vendor Compliance with Billing Requirements

The Division complies with all CMS/AHCCCS billing and payment requirements when processing claims. Qualified Vendors should submit adequate documentation to ensure claims are supported as billed as stated in the Division's **Provider Policy Manual Chapter 12 Billing and Claim Submission**. Services provided to DDD ALTCS members are funded through Medicaid which is the payor of last resort. Many members have third party liability (TPL) insurance including Medicare. It is important for Qualified Vendors to perform the due diligence prior to claim submission in order to determine if the

member has TPL coverage which should be billed first.

According to CMS the following are some reasons claims are denied because of insufficient documentation:

1. Reviewers determine that claims have insufficient documentation errors when the medical documentation submitted is inadequate to support payment for the services billed. In these instances the reviewer could not conclude that some of the allowed services were actually provided, were provided at the level billed, or were medically necessary.

2. A specific documentation element that is required as a condition of payment is missing, such as a physician signature on an order or a form that is required to be completed in its entirety.

3. Additional insufficient documentation errors may include:

   i. Incomplete progress notes (e.g. unsigned, not dated, insufficient detail)

   ii. Unauthenticated medical records (e.g. no provider signature, no supervisor signature, illegible signatures without a signature log or attestation to identify the signer, an electronic signature without the electronic record protocol or policy that documents the process for electronic signatures)

   iii. No documentation of intent to order services and procedures (e.g. incomplete or missing signed order or progress note describing intent for services to be provided).

These are two examples of commonly used services and the requirements for each that are most often missing when claims are submitted:

Durable Medical Equipment (DME)

- The physician's National Provider Identifier (NPI) must be on the valid detailed written order.

- Medicare will pay claims only for DME if the ordering physician and DME supplier are actively enrolled in Medicare on the date of service.

- As a condition for payment, a physician, Physician Assistant (PA), Nurse Practitioner (NP), or Certified Nurse Specialist (CNS) must document a face-to-face encounter examination with a beneficiary in the 6 months prior to the written order for certain items of DME.

Therapy Services

- Documentation did not support certification of the plan of care for therapy services.

- The physician/non-physician practitioner's (NPP's) signature and date of certification of the plan of care or progress note indicating the physician/NPP reviewed and approved the plan of care is required.

DDD Town Hall Meetings

The Office of Individual and Family Affairs (OIFA) continues to host town hall meetings for members, families and providers. The next town hall meeting will be held on **Thursday, August 27, 2020, from 6:00 p.m. to 8:00 p.m.**

Please share this information with the members and families you serve and encourage them to participate. The **town hall schedule and instructions to join** via the Internet or phone can be found on the main DDD webpage in the "Upcoming DDD Events" section.

Get Caught Up

Did you know the Division posts vendor announcements and editions of the Shout on the web? Get caught up and stay informed on all of the recent vendor communications, **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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