

DDD SHOUT

PROVIDER NEWSLETTER

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Services Available To Support Remote Learning

As communicated on [September 8, 2020, via vendor announcement](#), DDD has worked with AHCCCS and the Arizona Department of Education to determine what services DDD can provide members in this situation during the COVID-19 pandemic to support remote learning.

The Division has posted a [guidance document](#) and [frequently asked questions](#) on its Actions Related to COVID-19 web page that provides additional information for members/families, staff and vendors/providers. The Division may assess for and authorize Attendant Care and Nursing services to support members who are Remote Learning effective September 8, 2020. This assessment will include:

- Documenting member's "school day" in the daily schedule section of the planning document.
- Determining the member's need for support during identified remote learning time. Examples include difficulty using the technology, need for supervision due to safety concerns, need for consistent redirection, physical support, behavioral support or other similar need.
- Identifying the support available to the member for remote learning. Examples include parents/step-parents, primary caregivers, siblings, neighbors or in-home school personnel.
- If parents/step-parents, legal representatives or primary caregivers are unavailable, the reason why (e.g. work, school, other) must be documented.

Parents are not eligible to be paid to provide support during remote learning time. Parents may continue to be paid direct care workers for their minor children for authorized services provided outside of remote learning time.

The original announcement detailed that specific service codes for services delivered for the purpose of supporting members in remote learning were being developed by DDD. DDD also directed vendors to begin making adjustments to their billing systems to accommodate these codes using the existing HCPCS. **UPDATE: After consultation with providers and AHCCCS, the Division will implement a specific modifier (TM) that will be required on billing for services delivered for the purpose of supporting members in remote learning, rather than using an alternative service code as published in the September 8, 2020 vendor announcement.** The TM modifier will be implemented in the next two (2) weeks. Vendors should begin making adjustments to their billing systems to accommodate the modifier. The table below shows the service codes applicable for the TM modifier.

Description	Service Code
Attendant Care	ATC
Nursing, Continuous	HN1
Nursing, Visit	HNV
Nursing, Intermittent	HN9

Additionally, vendors are reminded to ensure the use of the multiple client rates that are in the published RateBook if serving more than one member in the same household, with the support of the same direct care worker or nurse.

Updated Guidance For Visitation At Congregate Settings

The Arizona Department of Health Services (ADHS) released guidance on August 28, 2020 for visitation at congregate settings for vulnerable adults and children. The guidance outlined two components that determine what level of visitations can occur. The first component is the quality of the facility’s implementation of COVID-19 mitigation strategies. The second component is the level of spread occurring in the community. As with other business reopening plans, the level of visitation in congregate settings will be determined by the level of community spread in the county where the setting is located. The level of community spread is determined by county public health benchmarks that are available on the [ADHS website](#). Residential Settings must allow visitation at least to the level prescribed in the chart on page 6 of the [congregate settings recommendations found on the ADHS website](#) based on the county public health benchmarks.

The ADHS guidance specifically identifies the following setting types:

- Nursing Care Institutions
- Residential Care Institutions/Assisted Living Facilities
- Nursing Supported DD Group Homes
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF-IID)

However, in order to ensure the health and safety of DDD members, the Division is requiring that all DDD Group Homes also comply with the ADHS guidance. This requirement does not apply to DDD Adult Developmental Homes or DDD Child Developmental Homes. DDD encourages group home vendors and planning teams to follow the guidance in DDD’s [Assessing Risk](#) document in instances where specific member circumstances may impact the facility’s ability to implement visitation that aligns with the ADHS guidance. The planning team should work together to identify a solution and document it in the plan if deviations need to be made from the ADHS guidance.

CPR/First Aid and Prevention & Support Training Extension

On June 17, 2020, the Division published a [vendor announcement](#) that included information outlining additional temporary exceptions for specific vendor staff training requirements as a result of the COVID-19 pandemic. In that communication, the Division extended the deadline for current employees who had expired certifications or certifications that were expiring for either **CPR/First Aid** or **Prevention & Support** to September 18, 2020. The Division is granting another extension through **December 31, 2020**.

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 who have chosen to use the SanData system as well as to providers who have chosen to use an alternate EVV system.

Providers who will use the Sandata EVV System:

AHCCCS has announced that live and interactive (webinar-based) training for the EVV program is coming in October. Training will be conducted by Sandata Technologies.

- Training will be offered in several formats including live and interactive instructor-led webinars (October – November 2020) and e-learning (i.e. recordings of live instructor-led webinars and instructional videos).
- E-learning will be available beginning in October and can be viewed by users as many times as necessary and throughout the life of the program.
- The provider's EVV Contact (agency administrator) will receive an email in **September** about the training registration and requirements. EVV Contacts will also be responsible for completing some basic EVV training including a system overview and security module training. They will also be responsible for assigning staff to attend/take EVV courses.

Providers who will use their own alternate EVV System (Updated Phone Number and Email):

- **If you plan to use an alternate EVV system, please contact 844-289-4246 or AZAltEVV@sandata.com as soon as possible** to initiate the process to send information to the Sandata aggregator to comply with EVV.
- If you choose to use an alternate EVV system at the start of the program, your system must be approved and functional by **October 16, 2020**. If the Alternate EVV Vendor's system will not be compliant by this date, the provider agency will be expected to complete all required training offered by Sandata in preparation to use the Sandata EVV system should the alternate system not be ready on January 1, 2021.

Alternate EVV users will be required to complete some basic online training beginning October 5, 2020. This training is specific to viewing your data sent to the EVV aggregator.

If you have questions about using an alternate EVV system or are waiting for testing information, please contact support at 844-289-4246 or AZAltEVV@sandata.com.

Vendor Call Process Survey

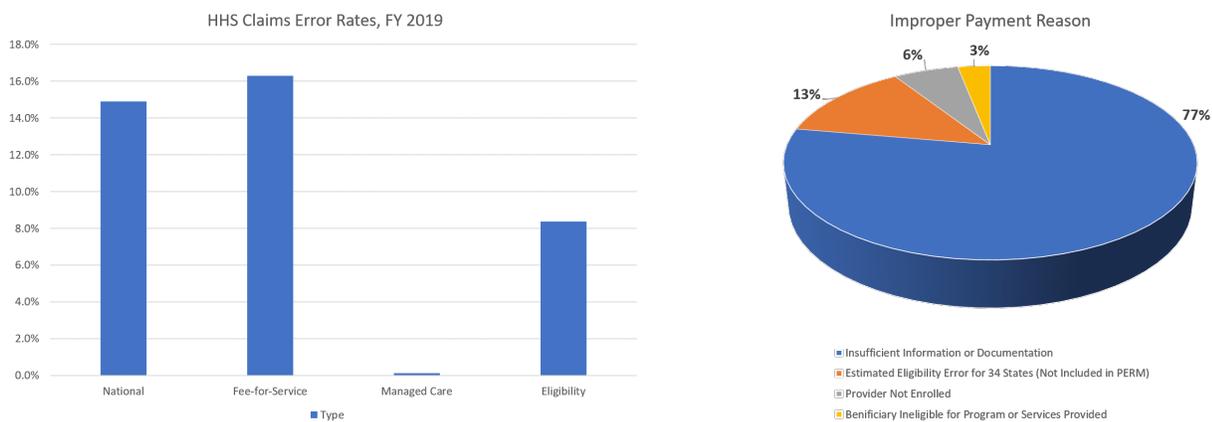
The Division is soliciting Qualified Vendor and provider feedback related to the Vendor Call process. The Division is working to improve the process and wants to better understand the user perspective in order to implement solutions designed to improve usability. The information you provide will help us identify opportunities and system changes that will help to make improvements. The Division believes improvements to the Vendor Call process will result in benefits for vendors/providers as well as members. The survey can be accessed here: <https://forms.gle/Zm2rdonC3drjCu9E9>. Please complete the survey by close of business Thursday, September 17, 2020.

Program Integrity in Home & Community Based Services

Program Integrity as defined by the Centers for Medicare and Medicaid Services (CMS) simply means “pay it right.” Program Integrity is important because it outlines the oversight process to maintain compliance with contractual, state, and federal laws and regulations. The objective of Program Integrity is to ensure services are not only medically necessary, but that billing and payments are accurate for the provided service. Vendors can ensure Program Integrity compliance through activities like education, prevention, process review, audits, recovery of improper payments and collaboration with the Division and AHCCCS and/or other state and federal entities. It is the responsibility of all entities serving DDD members to take proactive measures in the prevention, reduction and correction of fraud, waste, and abuse.

As described in [Division Provider Policy Manual Chapter 20 Fraud, Waste and Abuse](#), the Division performs post payment reviews with support from the DES Internal Audit Administration. One of the most common issues discovered during post payment review audits is improper payments. An improper payment is any payment that should not have been made or that was made in an incorrect amount (including overpayments and underpayments) under statutory, contractual, administrative, or other legally applicable requirements. Reducing improper payments such as payments to ineligible recipients, use of incorrect billing code(s) and/or duplicate payments, etc., is critical to safeguarding Medicaid funds.

CMS has released Payment Error Rate Measurement (PERM) estimates for Medicaid that include eligibility determinations for the first time since implementation of the Affordable Care Act (ACA). The PERM estimate is based on reviews of fee-for-service and managed care claims and eligibility determinations. The national Medicaid improper payment rate for 2019 was 14.90% or \$57.36 billion. A separate [U.S. Department of Health and Human Services \(HHS\) report](#) shows a 16.3% error rate for fee-for-service claims, an 8.36% error rate for eligibility and a 0.12% error rate for the managed care claims (see charts).



HHS reports that 77% of improper payments were due to missing information and/or states not following the appropriate process for enrolling providers and/or determining beneficiary eligibility. These payments do not necessarily represent payments for ineligible providers or beneficiaries since they may have been payable if the missing information had been on the claim and/or the state had complied with requirements. It finds 8% of improper payments were for ineligible providers or beneficiaries.

Remediation measures to prevent, reduce and correct issues of non-compliance such as improper payments include an effective Program Integrity system including having established policies and procedures in place for topics including:

- Fraud, Waste, and Abuse
- Billing and Claim Submission

- Standards of Conduct
- Oversight and Monitoring
- Whistleblower Act

Workforce Development - DCW Staff Survey

Arizona's Managed Care Organizations (MCO) that provide services to the elderly, individuals with physical disabilities and individuals with developmental disabilities need your help. DDD has collaborated with AHCCCS and other MCOs to have PHI International develop a survey specifically tailored to Direct Care Workers (DCW) and other professionals that assist members on a daily basis. This survey is designed to give these staff members a voice and to help DDD and its qualified vendors develop effective workforce development initiatives for both statewide and agency-specific implementation.

An email was recently sent to the primary contract contact for each Qualified Vendor by DDD Workforce Development Coordinator, Debra White (debrawhite@azdes.gov), with information about the survey. That information included a custom link for each vendor to forward to their staff. If you did not receive the email or would like to request it again, please contact Debra White. It is critical to the success of this initiative for as many DCW staff members to take the survey as possible. Please remind them that the survey is completely anonymous and forward the survey link to all hourly DCWs providing the following services:

- Attendant Care
- Respite
- Habilitation, Support
- Homemaker

Staff can complete the survey until October 9, 2020.

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, September 24, 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>.