DDD SHOUT
VENDOR & PROVIDER NEWSLETTER

Provider Rate Increase Forums

The Division would like to thank all of the Qualified Vendors and Providers who participated in the Provider Rate Increase Virtual Forums the Division hosted in August 2021. The number of attendees and comments exceeded our expectations and the feedback was extremely valuable. The Division is on track to publish the final version of the DDD rate book sometime in the third week of September 2021. The rate book will take effect on October 1, 2021. A vendor announcement with a link to the new rate book will be published as soon as it is finalized.

Network Operations and Management Reorganization

In 2018-2019, DDD worked with a consultant, The Murli Group, and an internal team focused on improving Network operations within the Division. This team developed an action plan to centralize Network resources and streamline functions to help DDD improve network performance and management. In Fall 2020, DDD implemented Phase I of its action plan by transitioning network staff reporting from the district level to a central reporting to the DDD Network Administrator.

DDD has been actively working on Phase II of the action plan which includes reorganization of the network units. This reorganization will enable DDD to move from a district orientation to a statewide model with more specialized functions that will provide for clearer Network roles to support Qualified Vendors and providers, reduce duplication of activities, streamline data collection, and improve overall network operations and management. In the new Network organizational structure Operations and Management, Oversight and Development will be broken out into two distinct units.

The Network Operations unit will include:
- Residential Team - Residential Services and Placements (Statewide)
- Resources Team - Non-Residential Services and Placement (District)
- Provider Network Support Team (e.g. Provider Relations)
- Cultural Competency Team

The Network Management, Oversight, and Development unit will include:
- Network Monitoring and Oversight Team
- Network Development and Recruitment Team
- Workforce Development Team

DDD has created a web page, https://bit.ly/dddnetwork, that includes additional information including a future state organizational chart and frequently asked questions. Qualified Vendors and Providers are encouraged

to check this page often, as it will continue to be updated with information. DDD plans on implementing all network changes related to this reorganization by Friday, October 15, 2021. Qualified Vendors and Providers with questions can submit them using this form, https://forms.gle/w2nvGzmy5kAAxzh26.

New Claims System

As previously communicated through vendor announcements and monthly newsletters, DDD is working with Wellsky, a third party vendor, to implement a new claims system. The new system will include the use of the Healthcare Common Procedure Coding System (HCPCS) and standard Centers for Medicare & Medicaid Services (CMS) claims forms. This will include the use of standardized Health Insurance Portability and Accountability Act (HIPAA) Transactions and Code Sets (TCS) in lieu of DDD proprietary codes currently being used.

Once implemented, vendors must submit claims on official, nationally-recognized forms. The current DDD billing template will be replaced by these forms. Vendors will have three options for submitting claims:

- Submit a CMS 1500 form in paper form
- Submit an electronic 837 form
- Manually enter claims directly in Wellsky for each authorization

Vendors who choose to submit claims via the CMS 1500 or 837 must have the necessary software and/or official forms to ensure claim submission compliance.

DDD is working diligently with the vendor to resolve issues identified during testing completed by a small group of vendors in June 2021. Once these issues have been resolved, DDD will engage the vendor test group in another round of user testing to ensure system functionality. Once functionality is confirmed, vendors will have a period in which they can use the new system as well as the current Focus system to gain comfort submitting claims. **The Division be provide training for vendors, and the dates and times will be announced once they are determined.**

AHCCCS Electronic Visit Verification (EVV) Update - September 2021

To support the Arizona Health Care Cost Containment System's (AHCCCS) EVV onboarding efforts, AHCCCS has compiled several updates and reminders below.

Soft Edit Claims and Policy Grace Period Still in Effect

Payment for EVV Services

While AHCCCS prepares to establish a timeline for the hard claim edits to begin, agencies are expected to incorporate EVV into day-to-day business practices as much as possible. During the soft claim edit period, providers can still receive reimbursement for services if there is no EVV visit to match to a claim or the EVV visit data is incomplete. This extension does not mean that providers can wait to start EVV. Compliance with EVV was required beginning January 1, 2021. Providers should use this period to develop operational procedures, train administrative personnel, onboard members and caregivers, log visits and self-monitor agency compliance in order to avoid billing challenges when the hard claim edit period begins. Once the hard claim edits begin, providers will not get paid unless all the required EVV visit data is present. For more questions about billing, please reference the Billing frequently asked questions (FAQ) on the EVV webpage.

EVV Policy Compliance

AHCCCS asks that providers use the EVV grace period to have conversations with members and complete the forms required as allowable/required under the policy. The final forms, along with the complete EVV policy, are linked on the EVV webpage including the following forms:

- [Designee Attestation](#)
- [Contingency Plan](#)
- [Paper Timesheet Attestation](#)

AHCCCS understands that providers will use this grace period to incrementally onboard caregivers and members with EVV. It is incumbent upon providers to maintain documentation standards that validate the provision of services as they transition to EVV and comply with EVV policy standards for documentation as well as the standard requirements outlined in their Provider Participation Agreement. After the conclusion of the policy grace period, the new EVV compliance standards will begin to be incorporated into the quality monitoring audits performed by the managed care organizations (MCOs).

AHCCCS intends to align the beginning of the hard claim edits with policy compliance.

Additionally, DDD has collected public feedback, is finalizing its Provider Manual Policy Chapter 62 Electronic Visit Verification, and will have the required forms available in English and Spanish in the DES document center for Vendor use. The DDD Policy announcement will be issued soon.

Service Delivery Scenarios that Don't Require EVV

In response to input and in partnership with the MCOs and the provider community, AHCCCS has decided the following service delivery scenarios do not require EVV. This means that MCOs will not require EVV specific claims validation before paying a claim for services rendered under these circumstances. More guidance will be forthcoming in an updated Billing FAQ.

- Telehealth and Telephonic services - Services billed with the UD or GT modifier do not require EVV.
- Medicaid as last payer - Services that are paid in full or partially paid by another non-Medicaid payer do not require EVV.
- Prior Period Coverage - If a member is not AHCCCS eligible at the time of service delivery, EVV is not required for those service visits. EVV will be required for services rendered if/when the member becomes AHCCCS eligible.

Please note that AHCCCS is considering other service delivery scenarios raised by stakeholders to determine if they are appropriate exemptions based upon CMS requirements and AHCCCS policy.

Information for Alternate EVV System Users

AHCCCS is preparing updated technical specifications that both remove and add requirements. Many of the changes are in response to stakeholder feedback generated since the inception of EVV. Changes are also in response to Sandata system changes to ensure technical and business requirement alignment across all EVV systems. The updated technical specifications will clearly outline the updated requirements as well as denote the specific elements that will be tested in the next phase. This includes elements in the current version of the technical specifications that were not tested in the initial round of testing (i.e., data elements that were noted as optional). AHCCCS will follow up the release of the updated requirements with a webinar in partnership with the Sandata technical team to answer questions related to both business and technical requirements. The communication will also include a timeline for the updated changes to complete the testing process. This timeline is a consideration for the hard claim edits timeline.

AHCCCS is also preparing to host an Operational Readiness Review (ORR) with each vendor in preparation of the hard edit timeline and Arizona's EVV system certification by the Centers for Medicare Services. More details on the scope and how to prepare for the ORRs will be presented in the webinar post-release of the new requirements.

For technical issues or questions specific to the alternate system requirements, please contact the Sandata Customer Support at AZAltEVV@sandata.com or 844-289-4246.

Information for Sandata EVV System Users

AHCCCS and Sandata are aware of system issues impacting the ability of some providers to fully onboard and operationalize EVV. AHCCCS, Sandata and the MCOs continue to work in partnership to track providers impacted and resolve identified issues.

This section of the communication will include a list of issues that have been resolved and issues remaining with their anticipated resolution date.

The following is a list of issues that have been resolved.

Topic	Issue	Resolution Date
Custom User Roles	Unable to create a custom user role	April 5, 2021
Mid-Visit Switch	The member verification, using the mid-visit switch option, was not applied to both visits that occurred back-to-back	July 8, 2021
Visit Exceptions	Some agencies had limited functionality to clear "unknown client" and "unscheduled visit" exceptions in visit maintenance.	October 6, 2021
Mobile Devices	Some agencies were given permission to order mobile devices through the EVV portal and not required to use eTRAC.	October 6, 2021
Telephony Devices	DCWs were unable to record their voice print for telephony visit verification	May 3, 2021
Group Visits	Group visits are unable to be scheduled and each visit would flag the unscheduled visit exception.	June 30, 2021

If you would like additional training on these subjects, you can find videos in the video library.

https://sandata.wistia.com/projects/6xq18t4y4o

For additional assistance, please reach out to Sandata support at AZCustomerCare@sandata.com or by calling 855-928-1140.

The following is a list of issues/enhancements that have been identified and resolution plans are being implemented. Note: It is very important to read the Sandata release notes sent via email to receive up-to-date information on system issue resolutions.

Topic	Issue/Enhancement	Estimated Resolution Date*
Historical Authorizations	Some agencies received authorizations for historical dates of service for members they currently served or previously served.	TBD
Members and Authorizations	Some agencies are not receiving member loads and/or authorization loads.	TBD
Visit Exceptions	Some agencies had limited functionality to clear a multitude of exceptions in visit maintenance.	October 1, 2021
Fixed Visit Verification	The fixed visit verification code was only viable for 7 calendar days. The code will remain viable for 30 days.	September 8, 2021
Visit Maintenance	Streamline visit maintenance with new resolution and visit note requirements.	January 26, 2022

*These are estimated resolution dates. AHCCCS will send more concrete resolution dates in a forthcoming communication.

For other technical issues or questions specific to the use of the Sandata EVV system, please contact the Sandata Customer Care at AZCustomerCare@Sandata.com or 855-928-1140.

More Training on the Way

AHCCCS is working with Sandata to schedule additional live and interactive training sessions in the coming months. These sessions will be structured to directly support provider specific technical assistance needs. More details will be forthcoming.

Timeline for the Hard Claim Edits

AHCCCS is currently undertaking a number of activities in partnership with CMS, Sandata and MCOs to inform the plans and timeline for the transition from the soft claim edits to the hard claim edits. AHCCCS commits to giving at least 90 days advance notice. It is important to note that, once hard edits are turned on, providers will not get paid unless all the required EVV visit data is present. The items AHCCCS is tracking and monitoring to inform the decision on the hard claim edits include, but are not limited to:

- Release of Sandata system enhancements noted above
- Release of Alternate EVV business and technical specifications and testing deadline
- DDD's Wellsky claims system transition
- Timeline resolution of Sandata support tickets
- Finalization of FAQs
- Provider readiness milestones including logging visits, visits passing claims validation and auto verified versus manually entered visits

Technical Assistance, Guidance Documents and FAQs

AHCCCS will continue to provide technical assistance to providers as they operationalize and onboard EVV. Please submit any requests for technical assistance on policy related questions to EVV@azahcccs.gov. These exchanges help AHCCCS prioritize communication topics and build its directory and timeline for the release of additional guidance documents and FAQs.

Please note that the EVV webpage includes FAQs on billing, scheduling, devices and live-in caregivers. AHCCCS is currently preparing FAQs for release on the following topics:

- ALTCS Case Managers/Support Coordinators
- Contingency Planning
- Documentation
- Member Verification

Person-Centered Service Plan

AHCCCS has revised the ALTCS Case Manager Standards to include a new Person-Centered Service Plan (PCSP). The Division has incorporated this important initiative into the Current to Future (C2F) strategic plan. The PCSP will help Support Coordinators and other Division staff effectively communicate expectations with members and their families. The goal is for members to talk about what they want and need to create the life they desire. Their strengths and vision will help determine what supports and services are needed. The new process will help members feel more in control of their decision-making and that their voices are being heard.

Support Coordinators are training on the Person-Centered Service Planning process and will begin using it at

planning meetings after the completion of this training. The Division has posted a web page with additional information, including Frequently Asked Questions.

Preventing Member Abuse, Neglect & Exploitation Training

On Wednesday, July 14, 2021, the Division Provider Policy Manual Chapter 64: Preventing Member Abuse, Neglect and Exploitation was posted. This policy includes training related to the prevention of abuse, neglect and exploitation.

Qualified Vendors providing residential and day services **are required** to train staff using the Recognizing and Reporting Abuse, Neglect and Exploitation of Vulnerable Populations materials found under the Abuse, Neglect & Exploitation Prevention (Training Materials) section on the DDD website.

Qualified Vendors providing residential and day services **should offer** training to interested members regarding the prevention of abuse, neglect and exploitation. Qualified Vendors should use the Arizona Awareness & Action - Recognizing, Reporting and Responding to Abuse, Neglect and Exploitation materials found under the Abuse, Neglect & Exploitation Prevention (Training Materials) on the DDD website. **All members living in licensed residential settings or attending day services should be offered this training annually by their Qualified Vendor.**

As communicated on July 15, 2021, the Division will provide funding for Qualified Vendors to deliver this training to staff and interested members. The Division will reimburse each Qualified Vendor a flat rate of $250.00 per person for each staff and member trained, effective on or after July 14, 2021. In order to be reimbursed, Qualified Vendors must submit detailed information regarding training conducted. The Division has created a billing template with the required information. Additional information about formatting the template and how to submit it can be found on the first tab of the billing template. Additionally, DDD has published frequently asked questions based on feedback received from Qualified Vendors regarding the training which can be found under the Abuse, Neglect & Exploitation Prevention (Training Materials) section on the DDD website.

Abuse and Neglect Prevention Task Force Seeks Survey Input from Long Term Care Providers

As part of the work of the Governor's Abuse and Neglect Prevention Task Force, AHCCCS and the Arizona Department of Economic Security, are asking long term care health care providers who serve AHCCCS members to participate in a short survey conducted by the Sonoran Center for Excellence for Developmental Disabilities (UCEDD).

Please share this email with your staff or print and post this flyer where employees can see it. They can take the survey by clicking bit.ly/ALTCSProviderSurvey.

The survey responses will help the Abuse and Neglect Prevention Task Force identify current strengths and opportunities within the care delivery system, and make recommendations for future enhancements, including establishment of benchmarks and target metrics. We want to hear from AHCCCS health care providers **and front line staff** who provide:
- In-home services
- Home health services
- Residential services
- Institutional services
- Employment services

- Day treatment services
- Specialized habilitation
- Therapy services

The survey is anonymous and open through **September 30, 2021**. Thank you for helping AHCCCS and DES improve the care delivery system for Medicaid members with disabilities.

Residential Vendor Call Update

In March 2021, the Division implemented several enhancements to its non-residential vendor call process. As announced on [April 29, 2021](#), the Division is working on a project with staff, Qualified Vendors, and other stakeholders to enhance the residential services vendor call process.

Implementation of this project is targeted for early 2022 and includes the following enhancements:

1. The Residential Assessment Profile (RAP) will be available in Focus.
   - The RAP is a tool and member profile that helps reduce data entry and paperwork for Qualified Vendors and Division staff.
   - Multiple areas have been piloting the RAP successfully since 2019 and significant process improvements have been made during the pilot. The Division is currently testing the RAP with other stakeholders successfully.
   - The RAP will provide Qualified Vendors the opportunity to make faster decisions about providing service(s). By narrowing the scope of information needed in the profile, the RAP will convey the most important information about each member to the Qualified Vendor.
2. Residential vendor calls will be centralized into the Program Staffing Application (PSA) in Focus.
   - Vendor calls for residential services will no longer be sent via secure email.
   - All residential vendor calls will be integrated into one dashboard, which will streamline the process for Qualified Vendors and Division staff.
   - Centralizing residential vendor calls into the PSA will allow for better data collection regarding service provision; this will allow the Division to forecast members' needs more effectively.
3. Five residential services and their service codes are being added to the PSA. The Division is currently testing these codes. The additional codes are:
   - Individually Designed Living Arrangement (Supported Living) (HAI/HID)
   - Developmental Home, Adult (HBA)
   - Developmental Home, Child (HBC)
   - Nursing Supported Group Home (HAN)
   - Community Protection and Treatment/Enhanced Behavioral Group Home (HPD)
4. Staffing schedules for HAI/HID and HPD providers and census summaries for all providers will be integrated into the PSA in Focus. This will help reduce data entry and paperwork for Qualified Vendors and Division staff.

The Division will continue to provide updates regarding implementation of this project. Qualified Vendors may ask questions or provide feedback about this project through the DDD Customer Service Center or by completing this [form](#).

COVID Guidance Updates

In August the Division updated its [Actions Related to COVID-19](#) web page with the following changes:
- [Parents as Paid Caregiver guidance](#) document to reflect updated training requirements.
- The [QVA Guidance for Congregate Settings and Direct Care Worker](#) document to reflect updated CDC masking recommendations.
- [Vendor FAQs](#) removing outdated guidance and updating some questions with new information.

Qualified Vendors are encouraged to visit the web page often to ensure they have the latest information.

The CDC has recently published updated information for individuals with developmental disabilities, their caregivers and their medical professionals on how to stay safe from COVID-19.
- [Messaging Resources for People with I/DD](#)
- [Stay safe from COVID-19: A Guide for Caregivers](#)
- [Stay safe from COVID-19: Talking to Patients with I/DD About COVID-19](#)

Program Integrity Information

The Division's Program Integrity Unit (PIU) thanks all Qualified Vendors and their staff who attended and participated in the Program Integrity Education sessions held over the last few months. The PIU has received a lot of positive feedback from participants indicating that the sessions were very informative and beneficial. Moving forward, the PIU intends to conduct these educational sessions every six months to continue discussing Program Integrity related topics including updates in policy as well as state and federal laws and regulations.

Understanding Program Integrity is essential in preventing, reducing and correcting fraud, waste and abuse. By definition, Program Integrity refers to the proper management and function of the Medicaid program to ensure it is providing quality and efficient services while using funds generated by taxpayer dollars, appropriately.

Improper payments, which are often cited when discussing program integrity, are not necessarily the same as criminal activities like fraud and abuse, which are a subset of improper payments. The federal government and Medicaid state agencies share the responsibility of promoting program integrity. The Centers for Medicare and Medicaid Services (CMS) conducts a range of actions focused on program integrity. Outside of CMS, other federal agencies, including the Office of Inspector General (OIG) and the Government Accountability Office (GAO), undertake program integrity and oversight efforts.

As part of the Division's efforts in ensuring vendors comply with Program Integrity standards when becoming part of the HCBS Qualified Vendor network, all vendors must complete a [Program Integrity Requirements Verification](#). In addition, vendors have access to the Division's [Policy Development Tool](#) to help guide the development of their policies related to fraud, waste and abuse.

Policy Public Comment

The Division is currently accepting public comments regarding two new Division policies:
- Division Eligibility Policy Manual Chapter 400 Eligibility Determination Process
  - Public comments are being accepted until October 1, 2021.
- Division Eligibility Policy Manual Chapter 600 Redetermination of Eligibility
  - Public comments are being accepted until October 1, 2021.

The policy revisions can be found on the Policy page of the Division's website. Vendors, providers, members and families can use this form, https://forms.gle/4MGCsdyKTRPJna3m9, to submit public comments if they are interested in providing feedback.

American Indian Health Plan (AIHP) Name Change

DDD will be changing the name of its American Indian Health Program (AIHP) to the **DDD Tribal Health Program (THP) beginning October 1, 2021.**

Under contract with the Arizona Health Care Cost Containment System (AHCCCS), the Arizona Department of Economic Security, Division of Developmental Disabilities (DDD) provides physical and behavioral healthcare services to American Indian/Alaska Natives (AI/AN) who qualify for the Arizona Long Term Care System (ALTCS) through a DDD Health Plan or its American Indian Health Plan (AIHP). The DDD AIHP is a fee-for-service program allowing eligible members to receive services at any AHCCCS registered fee-for-service provider in Arizona.

DDD has identified confusion in the community between its DDD American Indian Health Plan (AIHP) and AHCCCS' American Indian Health Program (AIHP). Both options utilize a fee-for-service structure, but the DDD AIHP is exclusively for DDD ALTCS eligible AI/AN members while the AHCCCS AIHP does not require ALTCS eligibility. The confusion is largely attributed to the similar naming structure and use of the same acronym, AIHP. This name change will mitigate confusion experienced by members and providers.

Enrolled members will be receiving a letter outlining this change and a new ID card that references this name change prior to October 1, 2021. Member benefits and covered services are not impacted by this name change. DDD is communicating this change to existing FFS providers supporting members.

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 2, 2021, 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 at bit.ly/dddtownhall.

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.

If there are other individuals in your organization who would benefit from receiving DDD Vendor Announcements, please encourage them to sign up at https://azdes-community.secure.force.com/subscribe/.