DDD SHOUT
PROVIDER NEWSLETTER

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Guidance For Members Who Leave Congregate Care Facilities To Visit Others

The Arizona Department of Health Services released revised guidelines on November 6, 2020, related to visitation at congregate settings. This latest revision includes guidance for members who leave congregate care facilities to visit or stay with a family member. As with the previous guidance, ADHS has included recommendations based on the current transmission level within each Arizona county using ADHS dashboard metrics. Arizona has seen a resurgence in positive COVID-19 cases over the last thirty days and all counties except Greenlee are in the Moderate Transmission category.

The Division continues to require the following DDD congregate setting types adhere to the ADHS guidance in its entirety:

- Intermediate Care Facilities
- Nursing Supported Group Homes

Previously the Division indicated that DDD Group Home vendors would not be required to adhere to the exact ADHS visitation guidelines as long as they have a visitation policy documented in their pandemic performance plan that clearly specifies criteria for visitation of family members and friends as well as the appropriate safety precautions that will be put into place during onsite visits. The vendor must maintain documentation that the visitation policy has been shared with all members and legally responsible persons, upon adoption and for any revisions to the policy. All DDD Group Homes must continue to allow for entry of essential personnel as described in the guidance. Vendors may screen these personnel and require masks, before allowing entry to the home.

As the holidays approach, the need for off-site visitation parameters has become apparent. Group Home vendors and planning teams should continue to use DDD's Assessing Risk document in specific instances where members request to leave the home. As the chances for exposure to COVID-19 exponentially increase when a member leaves the group home, DDD Group Home vendors should follow the ADHS guidance (found on page 13) for members who choose to leave the home to visit their family, with the following edit: if a private bathroom is not available, the vendor must ensure that staff implement enhanced cleaning and sanitation of the bathroom between uses. The planning team should work together to identify the associated risk with the member's off-site visit and the potential impact on the other members living in the home. Members choosing to visit family off-site will be required to quarantine per ADHS guidance upon their return. This should be documented and agreed upon by the planning team before the member leaves the home.

Provider Policy Manual Chapter 64

On Thursday, November 12, 2020, DDD published Division Provider Policy Manual Chapter 64 - Abuse, Neglect and Exploitation Prevention. This policy was created as a result of Governor Ducey's Abuse & Neglect Prevention Task Force. The policy outlines requirements for Qualified Vendors (Vendors) to post signage, and provide training aimed at preventing abuse, neglect, and exploitation as well as reporting incidents to the Division of Developmental Disabilities. It provides flexibility for posting in residential settings.

Referring, Ordering, Prescribing, Attending (ROPA) Providers Required to Register with AHCCCS

The Patient Protection and Affordable Care Act (ACA) and the 21st Century Cures Act (Cures) require that all health care providers who provide services to, order (refer), prescribe, or certify health care services for AHCCCS members must be enrolled as an AHCCCS provider. Until these Acts passed, referring, ordering, prescribing and attending providers were required to obtain a National Provider Identifier (NPI), but were not required to be enrolled as an AHCCCS provider.

In October 2020, AHCCCS announced an extension of the ROPA registration deadline until June 1, 2021. After June 1, 2021, claims which include referring, ordering, prescribing or attending providers who are not enrolled with AHCCCS will not be reimbursed. All providers who are not currently registered with AHCCCS, but who are referring, ordering, prescribing or attending providers, should register as an AHCCCS provider before June 1, 2021. See the frequently asked questions on the AHCCCS website for more information.

AHCCCS Electronic Visit Verification (EVV) Update

Electronic Visit Verification takes effect on January 1, 2021. AHCCCS has posted information for vendors that will be using the Sandata system as well as for vendors that have selected to use an alternate EVV system regarding training and updated specifications. It is critical that all providers who will be using the Sandata system complete the training that AHCCCS has recently published. Vendors who will be using an alternate EVV system must ensure their system is compliant with Sandata. AHCCCS has posted information about both of these scenarios on the EVV web page.

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.

AHCCCS EVV Service Confirmation Portal

The State's Electronic Visit Verification (EVV) system must comply with standards set forth by Centers for Medicare and Medicaid Services (CMS) to ensure the system meets the requirements of the 21st Century Cures Act. As part of the CMS certification process of the EVV system, the State must demonstrate the use of the EVV System supports the State to avoid payment for unauthorized or unapproved services by reconciling the linkage of providers, services, units and visits prior to claims payment.

The Service Confirmation Portal is being required by AHCCCS to ensure compliance with the CMS requirements for EVV. The AHCCCS Service Confirmation Portal will be required to be used by providers to submit information for services the provider renders that do not require prior authorization for services. **All DDD home and community based services require prior authorization so DDD anticipates there will be no need for Qualified Vendors to utilize the Service Confirmation Portal as part of their EVV process.**

HCBS Service Utilization and Program Integrity

According to Medicaid.gov, home and community-based services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. HCBS are designed to prevent and cure health problems, promote maintenance of health and well-being, increase and empower independence, and obtain information about their health status, progress, and prognosis. , Monitoring and oversight are a key element of the Division's Corporate Compliance Plan. The Division conducts internal monitoring of service utilization for prevention and detection of potential Medicaid fraud, waste, or abuse (FWA).

Currently, HCBS fraud is a concern for CMS due to the high rate of service utilization. In HCBS settings, FWA can be difficult to detect because it may involve multiple people including vendors, caregivers and/or members. One of the most common incidents of HCBS fraud is billing for services that were never provided or billing for services supposedly provided while the member was in the hospital.

Why is FWA prevention in HCBS significant?

- Improper Medicaid HCBS payments cost taxpayers, strains the state's budget, and can result in the state's HCBS waiver program to become limited or discontinued.
    - 42 CFR 441.301(c)(2)(xii) states: ¬ "…Commensurate with the level of need of the individual, and the scope of services and supports available under the State's 1915(c) HCBS waiver, the written plan must…Prevent the provision of unnecessary or inappropriate services and supports."
    - While an individual is wasting and/or abusing Medicaid services and supports, the funding for another individual is unavailable.
- Service costs and utilization continue to increase.
- Reduce and correct submission of improper HCBS claims and payments.
- Safeguard compliance and adequate controls to ensure appropriate payment and provision of quality of care.

What is Fraud, Waste, and Abuse?

Fraud

- A knowing misrepresentation of the truth or concealment of a material fact to induce another to act to his or her detriment. Includes any intentional or deliberate act to deprive another of property or money by guile, deception, or other unfair means.
- Example: Knowingly submitting claims for services that were not rendered.

Waste

- Overutilization, underutilization, or misuse of resources. Waste typically is not an intentional act.
- Example: Costs incurred when an individual is receiving more units or hours of service than needed, e.g., when an individual's health improves but their intensity of supports remains the same.

Abuse

- Provider practices that are inconsistent with sound fiscal, business, or medical practice, and result in unnecessary cost to the Medicaid program or payment for services that are not medically necessary or fail to meet professionally recognized health care standards.
- Example: An HCBS provider bills for services during a member's hospital stay. This is abuse because the

HCBS provider should have been aware of the rules, which specify that services cannot be billed during a hospital stay.

The biggest difference between Fraud and Waste and Abuse is the intent to deceive.

How to Avoid FWA in Service Utilization?

- Qualified Vendors must adhere to the Qualified Vendor Agreement, Division Policy and all pertinent state and federal laws and regulations.
- Have policies and procedures in place related to Program Integrity.
- Be in compliance with record retention and documentation requirements.
- Engage in appropriate billing practices.
- Submit claims correctly and timely.
- Ensure caregivers have completed all required training certifications.
- Establish internal controls to minimize and/or avoid improper billing.
- Make sure all staff members have knowledge and understand FWA and how to report it.

The Division has a Compliance/Fraud Hotline (877-822-5799) and internal mailbox (DDDFWA@azdes.gov) available 24 hours/7 days a week to receive reports regarding suspected violations of applicable federal or state standards. The Compliance/Fraud Hotline information is posted on the Division's public website. Fraud may also be reported using an online form posted on the Division's website (https://des.az.gov/how-do-i/report-suspected-fraud/developmental-disabilities-fraud) or by contacting AHCCCS directly.

For Provider Fraud

- In Maricopa County: 602-417-4045
- Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686
- https://www.azahcccs.gov/Fraud/ReportFraud/

For Member Fraud

- In Maricopa County: 602-417-4193
- Outside of Maricopa County: 888-ITS-NOT-OK or 888-487-6686
- Email: AHCCCSFraud@azahcccs.gov
- Mail: 801 E. Jefferson Street, Phoenix, AZ 85034 MD 4500

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, December 3, 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 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, https://des.az.gov/services/disabilities/developmental-disabilities/vendors-providers/vendor-announcements.