

DDD SHOUT

VENDOR & PROVIDER NEWSLETTER

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COVID-19 Update

The Omicron variant of COVID-19 is having a significant impact on the number of positive cases being reported in Arizona. The COVID-19 vaccine and booster remain one of the best ways to avoid serious illness from COVID-19 infection. Currently, Arizonans 5 years of age and older can receive the Pfizer vaccine and Arizonans 18 years of age and older can receive the Pfizer, Moderna, or Johnson & Johnson vaccine.

Immunocompromised Individuals

The CDC recommends that after completing the primary series, some moderately or severely immunocompromised people should get an additional primary shot 28 days after their second shot if they received the Pfizer (people age 5 and older) or Moderna (people age 18 and older) vaccine. People are considered to be moderately or severely immunocompromised if they have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency (such as DiGeorge syndrome, Wiskott-Aldrich syndrome)
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Booster Shots

The CDC continues to update its recommendations regarding COVID-19 booster shots. Current recommendations include the following:

- People **12 years and older** who received the second dose of the Pfizer vaccine at least **5 months** ago **should** get the booster.
- People **18 years and older** who received the second dose of the Moderna vaccine at least **6 months** ago **should** get the booster.
- People **18 years and older** who received the Johnson & Johnson vaccine at least **2 months** ago **should** get the booster from either Moderna or Pfizer.

The CDC has determined that individuals 18 years and older interested in a COVID-19 booster shot are not required to get the same brand they received for their initial vaccine. The Moderna and Pfizer mRNA vaccine boosters are preferred even if an individual received the Johnson & Johnson vaccine initially. Either will have the desired effect of boosting the individual's immune system against COVID-19. The Johnson & Johnson booster is still available if it is preferred.

Individuals aged 12-17 who received the second dose of the Pfizer vaccine at least 5 months ago can only get the Pfizer booster.

Resources

The Division's [Google Document](#) with information regarding CDC guidance about boosters, vaccine availability and non-emergency medical transportation has been updated to reflect these changes. All staff should use this document as a resource (it is only available to staff) for any members or families who contact them with questions. The Division has also updated its [QVA Guidance for Congregate Settings and Direct Care Workers](#) to reflect the updated booster guidance as well as new CDC guidance related to isolation when an individual is exposed to or has a suspected/confirmed positive case of COVID-19.

It remains a requirement for all staff interacting with the public to continue to wear a mask for the continued health and safety of staff and clients. While fully vaccinated staff in the back-office areas not working with or visible to clients are not required to wear a mask, it is still a recommended precaution as the pandemic continues.

Claims System Update

As announced earlier this year and as part of the Division's Current 2 Future Initiative, DDD is updating its claims system in order to be compliant with state and federal regulations and to resolve the AHCCCS HIPAA TCS Compliance Claims Processing System Notice to Cure.

The new system will utilize the Healthcare Common Procedure Coding System (HCPCS) and standard Centers for Medicare & Medicaid Services (CMS) claims forms when reimbursing Qualified Vendors for submitted claims. 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 by vendors when submitting claims. Qualified Vendors will be required to 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

DDD is anticipating completing User Acceptance Testing (UAT) in early 2022 with a group of Qualified Vendors who tested an initial version of the claims system earlier this year. Once the system is determined to be fully functional, DDD will provide Qualified Vendors with 60-days notice before all claims will be required to submit claims using the new system. Training sessions will be available once the system is determined to be fully operational.

As a reminder, all Qualified Vendors will have access to two accounts that will be used to submit claims billings. The Vendor's contract main point of contact or designee must designate these billing users by identifying them in the FOCUS system. Contract main points of contact or designee can assign these users following these three steps:

1. Login in to the Focus and select the Admin Tools application.
2. Choose "Users" at the top of the page.
3. Click the "Assign" button in the column labeled "Access to WSHS" for up to two individuals who will be able to access the claims system.

The Division has [published a page](#) on its website where information about this project, including Frequently

Asked Questions, are available for review. If you have questions about the project, please submit them using this form, <https://forms.gle/qZ5KWjZryEa2NfRY7>.

AHCCCS Electronic Visit Verification (EVV) Update

EVV is a federal requirement and participation is mandatory, members and providers cannot “opt-out” of participating. Electronic Visit Verification (EVV) ensures, tracks and monitors timely service delivery and access to care for members. EVV applies to all providers of these services, including paid family direct care workers.

DDD impacted services provided by Qualified Vendors include:

- Attendant Care
- Homemaker/Housekeeping
- Habilitation Hourly
- Home Health (Nursing)
- Respite (through DDD or the DDD Health Plan contractors)

Soft and Hard Claims Edit Periods

AHCCCS is currently operating in a soft claim edit period, in which 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. Compliance with EVV was required beginning January 1, 2021. Providers should be using this soft claim edit 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 edit period begins, payments to Qualified Vendors of EVV services will be prohibited if they are not using either a Sandata or Alternative EVV system to log member service visits for impacted services. AHCCCS has not yet established the hard edit date, so it is imperative for Qualified Vendors to be working toward compliance as outlined in [AHCCCS Medical Policy Manual Chapter 540](#) and [Division Provider Policy Manual Chapter 62](#). DDD is verifying that all Qualified Vendors required to comply with EVV are using an appropriate EVV system and have received the required training from Sandata. Compliance with training completion for DDD’s impacted Qualified Vendor network is currently at 96%. However, only 25% of DDD’s impacted Qualified Vendors are properly logging visits for EVV services.

Telephone Standards for Services Requiring Electronic Visit Verification

[Division Provider Policy Manual Chapter 62](#) requires Qualified Vendors to answer the phone 24 hours a day/7 days a week or return a phone call within 15 minutes to members or responsible persons who are reporting a missed or late visit. In order to verify compliance with this requirement, the Division conducts telephone testing of every Qualified Vendor providing EVV impacted services.

In order to ensure access to care for Division members, the Qualified Vendor’s telephone system shall have a recorded message providing information to callers including the Qualified Vendor’s name and how to reach staff after hours. The message shall indicate to the caller the timeframes the caller can expect to receive a return phone call, not to exceed 15 minutes. The current after-hours contact information shall be maintained in the Division’s Contract Administration System (CAS). Qualified Vendors should ensure a working after hours number is listed for their administrative and service sites in CAS. If you need assistance updating your after-hours information please contact your Contract Specialist.

If you have questions about this requirement please contact the ProviderNetworkSupport@azdes.gov mailbox.

Differential Adjusted Payments (DAP)

AHCCCS continues to utilize Differential Adjusted Payments and provides two separate DAP strategies for home and community based services providers that met AHCCCS requirements prior to October 1, 2021:

- HCBS providers that participate in the Electronic Visit Verification (EVV) system
- HCBS providers that participate in key HCBS Rules compliance activities

The DAP adjustments are automatically applied to claims with dates of service between October 1, 2021, and September 30, 2022. However, claims were not being adjusted appropriately for vendors who qualified for both DAP adjustments. The Division's MIS group implemented a change to FOCUS on January 11, 2022, which resolved the issue for claims submitted after January 11, 2022, for dates of service starting October 1, 2021. Subsequently, the Division is starting the process to reconcile claims submitted before January 11, 2022. A timeline has not been established for payment of DAP for these claims.

National Core Indicators

[National Core Indicators \(NCI\)](#) is a collaborative effort between the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). NCI uses a series of [surveys and in-person interviews](#) to measure member satisfaction and efficacy of DDD programs and services. The 2021-2022 National Core Indicator survey cycle will be starting in the coming months. This is an opportunity for members and their families to express their thoughts, feelings, and concerns around the services provided to them by the Division and for providers to provide data about their workforce.

In February 2022 the State Provider Portal will be available for Qualified Vendors to complete the annual Staff Stability Survey which includes questions about Arizona's Direct Care Workforce for January 2021-December 2021. This information is critical for Arizona to plan for how to support and improve the DCW workforce. All Qualified Vendors are requested to participate.

This year the Division will be asking Support Coordinators to help connect members with their assigned surveyor through Pilot Parents of Southern Arizona and urge participation of members selected. Pilot Parents of Southern Arizona surveyors are graduates of the [Arizona Partners in Leadership Program](#), a program available to any member or family member who would like to participate, provided by an additional partnership/contract between DDD and Pilot Parents of Southern Arizona. Support Coordinators will gather 'Pre-survey' & 'Background Information' from Focus or a member's planning team about the members selected to participate. Qualified Vendors are asked to assist Support Coordinators if they are requested to provide information and to help connect selected members with the in-person surveyor.

The three family surveys will be sent to randomly selected members' families beginning in early 2022. Qualified Vendors are asked to encourage the selected families to complete the survey. Families can feel comfortable completing the survey knowing that DDD does not receive information related to individual feedback, only an aggregated report from NCI. The survey responses are not returned to DDD. Questions about National Core Indicator surveys, Arizona survey data, and other state survey reports can be sent to DDD's NCI Coordinator, Michelle Pollard, via email at NCISurveys@azdes.gov.

Program Review Committee Updates

STAFF UPDATES

In November 2021, the Behavioral Health Administration hired two additional licensed Behavior Analysts, Katrien Filez, MS, BCBA, and Brian Kociszewski, M.Ed., BCBA, to provide oversight and supervision to the Program Review Committee. This resource expansion will increase the clinical oversight for the PRC statewide.

Brian will support District East and District West, and Katrien will support District North, District South and District Central. Brian and Katrien will also support teams by providing information about behavior analysis services and available resources.

A new position, “PRC/IOC Volunteer Coordinator” was posted and interviewed for. This position will be responsible for ensuring compliance with training for volunteers, volunteer recruitment, engagement, and retention activities. This position will also be responsible for launching a statewide holiday drive for DDD members and families.

STANDARDIZED FORMS & NEW STANDARDIZED BEHAVIOR PLAN TEMPLATE

In Spring/Summer 2021, a workgroup was formed to develop a standardized statewide behavior plan template. The form is located on the [DES website](#). A training course/training materials is being developed and will be available by March 2022 to help guide behavior plan writers through the new document. The goal of the document is to create a standardized template for behavior plans being reviewed. In addition to the template, the PRC required forms were updated to reflect current practice. Here is a summary of the changes:

- Personal Information Form (known as the PIF, or [DDD-1985A](#)) - This form is now built into the standardized template. If you have begun to use the standardized Behavior Plan Template ([DDD-2118](#)), you no longer need to complete the PIF. If you are not currently using the standardized Behavior Plan template, please ensure you complete the PIF until a transition to the new template is complete.
- Personal Contact Information Form ([DDD-1986A](#)) - additional lines have been added for guardian(s) and other team members
- Disposition ([DDD-1988A](#)) - There is a new section for plan writers to confirm the changes that have been completed and to identify pages that were changed in the plan.
- Behavior Plan Checklist ([DDD-1984A](#)) - Edited to reflect changes in new Behavior Plan Template.

SURVEY RESULTS

In Summer 2021, approximately 5000 satisfaction surveys were distributed to members, families, guardians, Support Coordination, panel members and volunteers. A [summary](#) of the results is available for all staff to review.

- In addition to the data collected on the survey questions, we received written comments and suggestions from many survey participants. Most of the comments were related to the following topics: Training needs, benefits of a standardized behavior plan template, clinical input/ oversight of PRC
- The transition to Google/virtual platform went well and is a preferred method of participation for members, providers, Support Coordinators, and presenters.
- Continued interest in enhancing statewide consistency for PRC.

The DDD Behavioral Health Administration greatly appreciated the survey responses and found them helpful in planning projects to improve PRC processes and make it easier to navigate for all involved.

Request for AHCCCS Providers to Re-Register

After implementing APEP in August 2020, AHCCCS asked providers to “re-register” as an AHCCCS provider by creating an account in APEP and confirming that the data converted into the new portal is accurate and current. AHCCCS has not terminated providers for non-compliance with this re-registration process.

Over the past 16 months, providers have received a written invitation through the US Postal Service that includes a temporary 14-digit application ID and instructions to create a user account to access their file. AHCCCS also transitioned away from accepting paper-based updates, and encouraged providers to submit

their updates directly into APEP. AHCCCS will return any paper-based update request forms to providers with instructions to report the update directly into APEP using the re-registration process.

In January, AHCCCS will generate a second written request to providers who potentially need to complete the re-registration process. If you are a provider who has received a written invitation, but have not yet completed the re-registration process, please do so now. If you have received a written notice titled “Second Request” and believe you have completed this process, please follow these steps to confirm your AHCCCS provider re-registration in the AHCCCS Provider Enrollment Portal (APEP).

- Step 1: Sign into APEP.
- Step 2: Select the provider domain you’re searching for and select the Provider Enrollment Access profile in the dropdown menu.
- Step 3: Select My Inbox and Archived Documents.
- Step 4: Change Document Type from “All” to PE Correspondence.
- Step 5: Use percent symbol (%) as a search value, click the Go button.
- Step 6: All documents related to application will appear in list form.
- Step 7: Click on the document hyperlink named “Welcome Notice” to view the notice as a PDF.

If you have a “Welcome Notice” dated after August 30, 2020, you have successfully completed the re-registration process and no further action is required.

If you have received a notice and are no longer interested in participating in the Medicaid program or the provider is no longer with your organization, please notify AHCCCS.

For more information regarding the provider re-registration invitation plan, please visit <https://www.azahcccs.gov/PlansProviders/APEP/ProviderReRegistrationInvitePlan.html> or email questions to APEPTrainingQuestions@azahcccs.gov.

Policy Public Comment

The Division is currently accepting public comments regarding two new Division policies:

- Division Medical Policy Manual Chapter 320-W Therapeutic Foster Care
- Division Medical Policy Manual Chapter 320-X Adult BH Therapeutic Homes
- Division Medical Policy Manual Chapter 1620-K Skilled Nursing Need Standard

Public comments are being accepted until January 28, 2022. The policy revisions can be found on the [Policy page](#) of the Division’s website. Members and families can use this form, <https://forms.az.gov/4MGCsdyKTRPJna3m9>, to submit public comments if they are interested in providing feedback.

Program Integrity Education

The Division’s Program Integrity Unit (PIU) hosted education sessions for Qualified Vendors and Providers in mid-2021 to communicate standards and guidelines as well as other aspects of the Division’s compliance programs. The PIU will again host a series of **voluntary**, virtual sessions for interested Qualified Vendors and Providers to discuss the aspects of program integrity and provide information related to staff roles and compliance responsibilities. The educational sessions, which are specific to each service type, have been scheduled as follows:

- Home and Community Based Services
 - Monday, March 7, 2022
 - Tuesday, March 8, 2022
 - Friday, March 11, 2022

- Group Homes, Day Treatment Services and Employment Services
 - Monday, March 14, 2022
 - Tuesday, March 15, 2022
 - Friday, March 18, 2022
- Developmental Home Services
 - Monday, March 21, 2022
 - Tuesday, March 22, 2022
 - Friday, March 25, 2022
- Therapy Services
 - Monday, March 28, 2022
 - Tuesday, March 29, 2022
 - Friday, April 1, 2022

All sessions will be held from 2:00 p.m. to 3:00 p.m. and will be accessible via Google Meet, <https://meet.google.com/zby-xiam-ans>, or by phone, 1-320-322-1271, using PIN 144899641#.

These sessions are not mandatory; rather, they are intended to provide valuable information and allow all Qualified Vendors and Providers to ask questions of the Division's PIU manager, Elanie Estrada. Staff whose main responsibilities are related to compliance/ethics and accounting/claims are highly encouraged to attend at least one of the sessions.

Cultural Competency and Family Centered Care/Language Access Plan

The Division submits several plans to AHCCCS annually as part of its contract requirements. The [Cultural Competency and Family Centered Care/Language Access Plan](#) is one plan that all Qualified Vendors and Providers should read and be familiar with as the Qualified Vendor Agreement includes cultural competency requirements. The Division is committed to embracing each members' beliefs and customs as part of the person-centered service planning process. The Division is committed to ensuring members and their families have access to the resources available to help them when needed.

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, February 3, 2022, from 6:00 p.m. to 8:00 p.m.** DDD will present updates and announcements.

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>.

Report Fraud, Waste, Abuse and Misconduct

Report to DDD

- Call DDD at 1-877-822-5799
- Send an email to dddfwa@azdes.gov
- Send a letter to DES/DDD
Attn: Corporate Compliance Unit
1789 W Jefferson St.
Mail Drop 2HA1
Phoenix, AZ 85007
- Complete this [online form](#).

Report to AHCCCS

- Call the Office of the Inspector General at 602-417-4193
- Report Online at the [AHCCCS Website](#)
- Report Provider fraud by calling:
 - Maricopa County: 602-417-4045
 - Outside Maricopa County: 1-888-487-6686
- Report Member fraud by calling:
 - Maricopa County: 602-417-4193
 - Outside Maricopa County: 1-888-487-6686
- Submit general questions via email at AHCCCSFraud@azahcccs.gov