



DIVISION OF DEVELOPMENTAL DISABILITIES

COVID-19 FREQUENTLY ASKED QUESTIONS

Published March 24, 2020

- 1. What kind of additional guidance/communication can we expect from DDD/AHCCCS?**
AHCCCS is updating its guidance daily on its [FAQ page](#) and DDD has published a webpage that includes these FAQs as well as other vendor announcements related to COVID-19. This webpage will be updated as new information becomes available.
- 2. What is the process for notifying DDD of changes to service delivery or service location?**
Please refer to the [vendor announcement](#) sent on March 12, 2020.
- 3. What is the expected turnaround time for DDD staff to approve a request for a change in service delivery for a specific member or a change in service location when the request is sent to the DDDQMUdocs@azdes.gov email as directed in DDD's March 12, 2020, vendor announcement?**
We apologize for the delays providers have experienced in receiving responses. You can expect to receive a response within 24-hours.
- 4. What is the new process for Support Coordination planning meetings?**
Please refer to the [vendor announcement](#) sent out on March 17, 2020.
- 5. Can fact finding deadlines be extended?**
All fact finding deadlines have been extended by two weeks, effective March 20, 2020. Requests for additional time will be evaluated on a case by case basis.
- 6. Which DDD services are authorized to be provided via telehealth? (UPDATED March 24, 2020)**
Currently the only DDD services compatible with the authorized AHCCCS telehealth code set are Speech Therapy and Occupational Therapy. Effective March 17, 2020, DDD is authorizing the use of telehealth for the delivery of Speech Therapy and Occupational Therapy services as outlined in AHCCCS Policy 320-I, <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/300/320-I.pdf>. DDD will also allow the consultative components of the Early Childhood Autism Services to be provided via telehealth (DDD service codes ECM and ECB), and habilitation with music therapy effective March 17, 2020. DDD will continue to work with AHCCCS to determine if additional services can have their code sets added to the authorized telehealth codes.
- 7. Will DDD reimburse at the same rate for services provided "in-person" and services provided via telehealth and/or telephonically? (UPDATED March 24, 2020)**
Yes, effective March 17, 2020, until the end of the COVID-19 emergency declaration, DDD will not discount rates for services provided via telehealth and telephonically as compared to contracted rates for "in-person" services. Please continue to use the member's typical rate.

8. **How should vendors bill for approved telehealth services? (UPDATED March 24, 2020)**

DDD approved telehealth delivery for Speech Therapy [SEA, STA, STI, SPL, SPV], Occupational Therapy [OEA, OCV, OTA, OTI], Early Childhood Autism [ECB, ECM], Music Therapy [HAM]. Vendor will complete the DDD Uniform Billing Template as usual, adding the appropriate Procedure Modifier under column Y, Z, or AA. If the member is at home during the service, the POS is 12 under column X.

X	Y	Z	AA
PlaceOfSvc	ProcMod1	ProcMod2	ProcMod3

For example:

Service code STA [column F], POS 12 [column X], procedure modifier GT [column Y].

Or complete the CMS 1500 or 837 as usual, adding the appropriate Procedure Modifier in Box 24 D-Modifier. If the member is at home during the service, the POS is 12 under Box 24 B – Place of Service.

B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES
PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)
		CPT/HCPCS I MODIFIER

Definitions: Place of Service - Place of service (POS) is the originating site which is the location of the AHCCCS member at the time the service is being furnished via telehealth or where the asynchronous service originates. Many services can be provided when the member is at home. Home is POS 12.

Modifiers GT [live] or GQ [pre-recorded] must be used depending on the type of telehealth services provided:

GT: Via interactive “live” audio and video telecommunication systems- The use of telecommunications and information technology to provide access to health assessment diagnosis, intervention, consultation, supervision and information across distance. Most DDD services will use this modifier.

GQ: Via asynchronous “pre-recorded” telecommunication systems (Store and forward). The transfer of data from one site to another through the use of a camera or similar device that records (stores) an image that is sent (forwarded) via telecommunication to another site for consultation. Asynchronous or “store and forward” applications would not be considered telemedicine but may be utilized to deliver services.

9. **How do Vendors submit claims for approved telehealth services if there is Third Party Liability (TPL)? (UPDATED March 24, 2020)**

If the member has TPL coverage, this should continue to be billed. If you receive a clean denial you can submit the denial with the usual waiver request. If for some reason the claim cannot be adjudicated for a clean denial due to the TPL not being set up to receive the Telemedicine modifiers and your claim gets rejected prior to adjudication, please do the following: Submit the Completed Waiver Request [COBV Waiver Request Form](#) with the Copy of the Billing Rejection. This method will be accepted for date of services affected during the COVID-19 Crisis. If the claims are adjudicated and denied for non-covered service for Telemedicine, this would be a clean denial reason and would be processed as usual through the waiver process.

10. **Can HAH goals be done virtually/by phone for certain members?**

Currently Habilitation, Hourly (HAH) is not a service that can be delivered via telehealth.

11. **If in-person training is not available for Prevention and Support, will video training be authorized temporarily? Can providers consider staff from other agencies not to be a new hire – in other words, can their training and credentials be portable to another agency so they can begin working right away and help fill in as needed?**

As indicated in the [vendor announcement provided March 18, 2020](#), only new employees that are being assigned to members with Behavior Treatment Plans (in any setting), Functional Behavioral Assessments and/or who are receiving behavioral health treatment for a challenging behavior that may require physical intervention, must be certified in Prevention and Support before working with the member. The decision to waive this training must be well documented by your agency. Those employees who are currently certified in Prevention and Support but have expired or are going to expire, will be granted a 90 day extension. The agency is responsible for tracking these employees and must reevaluate regularly.

The Division encourages Qualified Vendors to provide staff copies of their entire training record to facilitate their ability to work across vendors, if needed.

Central Registry checks need to be completed anytime staff move between agencies as per current procedures.

12. **Will DDD be able to assist providers in obtaining personal protective equipment (PPE) and cleaning supplies considering these items are being rationed and in some cases are not available?**

The Arizona Department of Health Services has issued this [COVID-19 Infection Control and Personal Protective Equipment \(PPE\) Guidance](#) for Arizona.

13. **How frequently can a provider bill for services during this time period?**

DDD can process claims on a daily basis if necessary. Providers can bill as frequently as necessary.

14. **Is there guidance on postponing and/or rescheduling non-emergency follow up appointments and wellness visits for the time being to avoid exposing individuals to sick people who may have the virus? What documentation is needed for monitoring? Health care providers are already proactively canceling appointments. Is this all that needs to be noted?**

Following a [CMS recommendation](#), Governor Doug Ducey announced an [Executive Order](#) on March 19, 2020 that halts all elective surgeries in the state of Arizona in order to free up medical resources and maintain the capacity for hospitals and providers to continue offering vital services.

Consult with the treating practitioner about the need for the non-emergency appointment. Document results in your records. Document provider cancellations in your records.

15. **If a member needs additional services or supports, can DDD respond quickly by approving additional services or supports? What if an individual cannot go to their day program, will DDD authorize attendant care or respite services they do not already have in their ISP so the member can receive services in the home?**

The Support Coordinator can assist with reassessment of a member's needs at any time.

16. **Do providers need to wait for a response from those staffing the DDDQMUDocs@azdes.gov email before starting telehealth?**

No, any guidance given to the entire provider community may be executed upon notice via vendor announcements or posting on the DDD COVID-19 webpage. DDD will be keeping track of the effective date of the decisions made on its webpage.

17. What procedures should be used for ICFs and DDD Group Homes?

To mitigate spread of COVID-19 among our most vulnerable Arizonans, the Governor’s Executive Order issued on March 11, 2020 directs ADHS to make emergency rules for skilled nursing, intermediate care, and assisted living facilities to implement visitor policies designed to prevent the spread of COVID-19 including:

- Instituting policies to require screening and triage before entry by staff, visitors, vendors, and contractors;
- Establishing disinfectant schedules for frequently touched surfaces; and

Establishing policies of distancing patients who exhibit symptoms of COVID-19 from other patients in common areas.

DDD has followed up with its Contracted Assisted Living Facilities (ALFs), Intermediate Care Facilities (ICFs), its sub-contracted Health Plans that operate Skilled Nursing Facilities (SNFs) and its own State Operated Intermediate Care Facilities to ensure that these measures are implemented.

DDD has also strongly encouraged its Group Homes to carry out similar procedures. ADHS has also issued guidance prohibiting visits to long-term care facilities except to provide critical assistance. Please refer to ADHS and [CDC guidance](#) about general strategies recommended to prevent the spread of COVID-19 in these facilities.

18. Does DDD have guidelines on how providers should handle DTA participants who present with symptoms of colds or respiratory infections such as coughing, runny nose, etc?

Providers should follow [ADHS guidance](#) about potential exposure. Members and staff who are visibly sick should be sent home and should immediately isolate and contact their healthcare professional.

19. Can DDD members temporarily increase their home-based service hours as other services are being suspended or canceled and schools are closed?

The Support Coordinator can assist with reassessment of a member’s needs at any time.

20. What measures has DDD taken in relation to monitoring and licensing requirements?

Effective March 17, 2020, DDD has suspended on site monitoring. In lieu of on site monitoring, DDD will be conducting reviews via a desk audit (to the extent possible). All immediate health & safety checks will proceed uninterrupted. DDD will maintain investigative efforts for serious health and safety threats (e.g. allegations of abuse).

Also effective March 17, 2020, DDD-OLCR has suspended the following types of life safety inspections until further notice:

- Renewal of developmental home license inspections, OLCR will utilize the most recent quarterly inspection completed by the licensing worker.
- Renewal inspections for HCBS certified settings such as: Respite homes, Day programs, Group supported employment (with service sites), Therapy service sites

OLCR will continue to conduct inspections for the following:

- Initial developmental home license applications and initial HCBS certified settings
- Developmental home relocation amendments
- Child developmental certified home applications

Qualified Vendor’s licensing workers may conduct required monthly monitoring visits outlined in the Division’s Policy Manual Chapter 51 Oversight and Monitoring of Developmental Home Services via telephone until further notice.

21. What is happening with Program Review Committees?

Beginning Thursday, March 19, 2020, all scheduled PRC meetings will take place through Paper Review. This means the Behavior Treatment Plan will be reviewed by the member's team telephonically. Each plan will have careful consideration of the requirements and teaching methodology. When the committee has completed the review, the Disposition with Recommendations/Approvals will be sent to the Qualified Vendor/Provider and Support Coordinator. If you would like to request a Full Review rather than a Paper Review, please contact your District PRC Chair (see below) to request a telephonic Full Review.

If there is an emergency review request, please send the request to your District PRC Chair and the DDD Behavioral Health Administration at dddadministration@azdes.gov.

- District Central PRC Chair: DDDCentralRegionPRC@azdes.gov
- District East PRC Chair: DDDEastRegionPRC@azdes.gov
- District North PRC Chair: DDDNorthPRC@azdes.gov
- District South PRC Chair: DDD2PRC@azdes.gov
- District West PRC Chair: DDDWestPRC@azdes.gov

22. What are DDD's expectations for Prevention & Support Training?

DDD has temporarily adjusted the expectations for Prevention and Support training. Effective March 18, 2020,, only new employees that are being assigned to members with Behavior Treatment Plans (in any setting), Functional Behavioral Assessments and/or who are receiving behavioral health treatment for a challenging behavior that may require physical intervention, must be certified in Prevention and Support before working with the member. The decision to waive this training must be well documented by your agency. Those employees who are currently certified in Prevention and Support but have expired or are going to expire, will be granted a 90-day extension. The agency is responsible for tracking these employees and must reevaluate regularly

23. What are DDD's expectations for Article 9 Training?

DDD is moving forward with conducting webinar style Article 9 training, with a live instructor. Providers must take attendance at the beginning of each online training session and at the end. Testing must be conducted via telephone and the agency is required to record and maintain records. The expectation to provide rosters to the statewide training mailbox will not change.

24. What are DDD's expectations for CPR/First Aid Training?

Effective immediately, all current employees who have expired certifications or certifications that will expire, will be granted an exception for 90 days from expiration. The agency is responsible for tracking these employees and must reevaluate regularly. DDD is currently conducting research on what agencies provide nationally recognized online CPR/First Aid training. In addition we are also asking the National Association of State Directors of Developmental Disability Services (NASDDDS) to provide any nationwide industry standards currently in place for online CPR/First Aid training. In the event that we are able to provide a list of approved online CPR/First Aid providers, we will provide parameters by which an online course can be used. For now, any newly hired employees that are not currently certified in CPR/First Aid, must become certified using the standards outlined in the QVA before providing services alone.

25. Are the requirements for keeping patient information private and secure different during the emergency?

On March 17, 2020 the Office for Civil Rights (OCR) at the U.S Department of Health and Human Services (HHS) announced, effective immediately, that it will exercise its enforcement discretion and will waive potential penalties for HIPAA violations against health care providers that serve patients through everyday communication technologies during the COVID-19 nationwide public health emergency. More information can be found at the [HHS Office of Civil Rights](#) and [SAMHSA](#).

26. Do providers still need to conduct in-person supervisory visits of Direct Care Workers?

DDD is suspending in-person supervisory visits. Supervisory review of case notes/charts should continue to the extent possible, as well as supervisory engagement with staff via available telephonic or other electronic means.