



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Division of Developmental Disabilities
January 5, 2023

Agenda

- AHCCCS Electronic Visit Verification
- Parents As Paid Providers for Their Minor Children
- PHE Flexibilities Unwinding April 1, 2023
- COVID-19 Update
- House Bill 2865
- Join the Inclusion Revolution! Special Olympics Arizona
 - Jamie Heckerman, President & CEO Special Olympics Arizona, Inc.
 - Ryan Betcher, Co-Presenter, Director of Sports at Special Olympics Arizona, Inc.

If you joined late, click the interpretation button at the bottom of your Zoom screen and select English or Spanish to hear the meeting.
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Electronic Visit Verification (EVV)

EVV is a federal requirement.

EVV applies to all providers **including** paid family direct care workers.

The DDD services impacted are:

- Attendant Care
- Homemaker/Housekeeping
- Habilitation Hourly
- Respite *(May be provided by DDD or as a behavioral health benefit by DDD Health Plan sub-contractors)*
- Home Health (Nursing)



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Electronic Visit Verification (EVV)

- EVV helps AHCCCS and DDD track member's access to care
- The particular EVV System (Sandata or Alternative EVV) is selected by the Vendor
 - Your vendor can help you understand what devices are available and how to use their EVV system and devices
- There are **no exemptions** for EVV, but some flexibilities are available.
- Members or family members **must verify** provider timesheets.

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Electronic Visit Verification (EVV)

- January 1, 2023 was the hard claims edit implementation deadline.
 - This is for dates of service after January 1, 2023.
- Claims submitted for services provided on or after January 1, 2023, requiring EVV compliance will not be reimbursable if they do not comply with EVV policy.
 - [Division Provider Policy Manual Chapter 62](#)
 - [AHCCCS Medical Policy Manual Chapter 540](#)

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Policy- attachments/ forms

There are four AHCCCS documents associated with the policies that members and families can review and familiarize themselves with as they may be utilized based on their situation.

[Attachment A, Electronic Visit Verification Designee Attestation](#)

[Attachment B, Paper Timesheet Attestation](#)

[Attachment C, AHCCCS Electronic Visit Verification Paper Timesheet](#)

[Attachment D, EVV Member Contingency Back-Up Plan](#) There is a DDD Specific Back up plan in the Document Center for use with members who use Independent Providers.

DDD also has these as DES forms in [our document library](#) for vendor use. They are in English and Spanish. Vendors can use either AHCCCS forms or DDD forms.

Designees Attestation

- AHCCCS policy requires a second level of verification by the member, guardian or a designee.
- The person doing the verification cannot be the paid caregiver.
- The policy does accommodate scenarios whereby there is simply no one to verify through documentation on the Designee Attestation.

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Designees Attestation



ELECTRONIC VISIT VERIFICATION (EVV) – DESIGNEE ATTESTATION

I may not be able to or I don't want to approve my DCW's time using an EVV device or website. I want another person to do this for me. I know that I can change my mind at any time by telling my provider. This person can only approve my DCW's time and cannot help me make decisions about my healthcare.

MEMBER/HEALTHCARE DECISION MAKER NAME

DATE

MEMBER/HEALTHCARE DECISION MAKER SIGNATURE

MEMBER ID

I am asking _____ to be my designee.
(Print Name of Designee)

DESIGNEE ATTESTATION

My signature below means I agree to act as a designee to verify the DCW's time when the person above doesn't want to or is unable to sign for themselves. As a designee, at the time of service or within 14 days on the website, I will:

- verify the service provided
- approve the DCW's time

I agree that the process to verify the DCW's time has been explained to me and that I understand the role given to me. I am at least 12 years of age or older.

DESIGNEE'S PRINTED NAME

DATE



DESIGNEE EXCEPTION REQUEST (TO BE COMPLETED BY THE TREATMENT OR PLANNING TEAM):

The treatment or planning team has discussed the appropriateness of the member's designee and have agreed that an exception should be allowed to have a designee under the age of 12, per AMPM Policy 540. (Please provide details below to explain the member's situation and need for a designee exception)

Click or tap here to enter text.

NO AVAILABLE DESIGNEE (to be completed and kept on file with provider):

Due to the member's unique circumstances, there will be no designee and no one else available to verify the DCW's time on an ongoing basis and the member is unable to verify service delivery. Explain the circumstances requiring an exception to verification:

Click or tap here to enter text.

MEMBER/HEALTH CARE DECISION MAKER NAME

DATE

MEMBER/HEALTH CARE DECISION MAKER SIGNATURE

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Paper Timesheets

There are no exemptions for EVV, but AHCCCS has offered some flexibilities such as the continued use of paper timesheets with a fixed FVV (FOB) device for those members that meet certain criteria including:

- limited to no connectivity
- use of device would cause adverse health effects/symptoms
- moral or religious grounds
- live-in caregivers and,
- witness or domestic violence protections

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Paper Timesheets

- Must use a Fixed Verification device (FVV) in the home
- The provider must put the code generated by the FVV on the timesheet.
- The vendor enters the timesheet into their EVV system using the FVV code.
- Services must start and stop in home but member can go into the community and receive services during the visit (ie go grocery shopping, pick up medications etc).
- The Qualified Vendor must review the paper timesheets attestation annually to ensure that the member meets the requirement and must keep the attestation on file.

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Paper Timesheets- Attestation



AHCCCS MEDICAL POLICY MANUAL
POLICY 540, ATTACHMENT B – PAPER TIMESHEET
ATTESTATION

ELECTRONIC VISIT VERIFICATION– PAPER TIMESHEET ATTESTATION

I talked with my provider about Electronic Visit Verification (EVV) devices and how my DCW can use those devices to record their time. I want my DCW to use a paper timesheet with a device that only documents the date and the time they started and ended the service because:

1. The DCW and I live in places with:
 - No phone in the home
 - No cell phone service
 - No internet service
2. If I use an electronic device it would make me sick, nervous, or scared.
3. My religious beliefs will not let me use an electronic device.
4. My DCW lives with me.
5. I can get services from my caregiver whenever I want because my caregiver is always around to help me when I need it.
6. My address must be kept secret for my health and safety.

MEMBER/HEALTH CARE DECISION
MAKER NAME

DATE

MEMBER/HEALTH CARE DECISION
MAKER SIGNATURE

MEMBER ID

PROVIDER REPRESENTATIVE NAME

DATE

PROVIDER REPRESENTATIVE
SIGNATURE



AHCCCS MEDICAL POLICY MANUAL
POLICY 540, ATTACHMENT B – PAPER TIMESHEET
ATTESTATION

PROVIDER TALKING POINTS

The purpose of this form is to assist and document the conversation between the provider agency and the member about the member's electronic visit verification options and their decision to utilize a paper timesheet. Below are helpful talking points to assist in the conversation:

1. The provider shall explain the EVV device options available to the member. EVV device options will vary depending on the EVV system the provider utilizes.
2. Per AMPM Policy 540, paper timesheets may be allowable under the following circumstances:
 - a. Individuals for whom both the DCW and the member live in geographic areas with limited intermittent or no landline, cell, and internet service,
 - b. Individuals for whom the use of electronic devices would cause adverse physical or behavioral health side effects/symptoms,
 - c. Individuals electing not to use other visit verification modalities on the basis of moral or religious grounds, and
 - d. Individuals with a live-in caregiver or caregiver accessible on-site 24 hours and for whom the use of other visit verification modalities would be burdensome.
 - e. Individuals who need to have their address and location information protected for a documented safety concern (i.e. witness protection or domestic violence victim).
3. This attestation shall be reviewed at least annually to ensure the member's circumstance and EVV device decision has not changed. The member can make a change to begin using a different EVV device at any time without waiting for the annual review.

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Back Up Planning

- Vendors now are responsible for Backup planning with members. They must review at least annually and must maintain on file.
- For members using the Independent Provider program, the support coordinator is responsible to complete the backup planning. See [DDD Medical Manual Placement and Service Planning for ALTCS Eligible Members 1620-D page 6](#)

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MEMBER NAME _____

AHCCCS ID # _____

DATE OF PLAN _____

	SERVICES PROVIDED	FREQUENCY	PREFERENCE LEVEL
1.			
2.			
3.			

MEMBER SERVICE PREFERENCE LEVEL – Based on member’s choice for how quickly a replacement caregiver will be needed if the scheduled caregiver becomes unavailable. Members must be informed that they have the right to request a back-up caregiver within two hours if they choose. Place Preference Level letter (A, B, C, etc.) on the corresponding service Preference Level line:

A	Must be rescheduled within two hours of originally scheduled start time.
B	Must be rescheduled within 24 hours of originally scheduled start time.
C	Must be rescheduled within 48 hours of originally scheduled start time.
D	Will be performed at the next scheduled visit.

MEMBER HAS BEEN ADVISED THAT S/HE MAY CHANGE THE MEMBER SERVICE PREFERENCE LEVEL AND ALSO HIS/HER BACK-UP PLAN, AS INDICATED BELOW, AT ANY TIME, INCLUDING AT THE TIME THE CAREGIVER IS LATE OR DOES NOT SHOW UP*

Agency Representative Printed Name and Signature

Date

If my caregiver does not show up to provide services as scheduled, in the case of a life-threatening emergency, I will contact 9-1-1; otherwise, my back-up plan is as follows:

	BACK-UP PLAN	NAME	PHONE NUMBER
Step 1	I will contact my provider agency. My provider agency will answer my call or get back to me in 15 minutes.		
Step 2	If my provider agency doesn’t respond in 15 minutes, I will contact Sandata EVV at Sandata Customer Care at 855-928-1140.		
Step 3	I will call my non-paid caregiver to provide the service I need.		

Additional Information

After Hours EVV Support

For All DD enrolled members, if your provider agency is unable to fulfill your back up plan please call the Sandata Customer Service Center at 1-855-928-1140.

Approval Process to Receive Services Out-of-State

EVV captures Geo location for the beginning and ending of an EVV visit. The Division has an approval process for paid services out of the state which requires a team discussion, including the Qualified Vendor Agency.

Services cannot be approved to be provided outside the United States.

Contact your Support Coordinator if you have questions about this process.

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Parents As Paid Providers for Their Minor Children

In October 2022, the Secretary of Health and Human Services extended the COVID-19 federal public health emergency (PHE) until January 2023.

Parents as Paid Providers for Their Minor Children is a flexibility approved at the beginning of the COVID-19 PHE.

It continues to be a flexibility available to support members who need a direct support professional to deliver services.

The Division has recently updated its guidance to Support Coordinators regarding Attendant Care Supervision.

Division information in [English](#) and [Spanish](#) about this flexibility is available on the [Actions Related to COVID-19](#) web page.

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Parents As Paid Providers for Their Minor Children

When the federal PHE ends, this flexibility will still be available, but it will be available under the American Rescue Plan Act (ARPA) plan submitted by AHCCCS to CMS.

It will be available under ARPA through September 30, 2024

There are a few changes under the ARPA plan:

- Parents will not be allowed to provide more than 40 hours of total paid care per ALTCS member in any given week. This applies even if they are employed by multiple agencies.
 - The member may be assessed for more than 40 hours based on their needs. However, any hours greater than 40 must be provided by a non-parent direct support professional.
- Each ALTCS member who is under the age of 18 can receive paid care from a parent for up to 40 hours a week. In cases where two parents are paid caregivers, they can provide up to 40 hours of combined services per week per ALTCS member.
- AHCCCS has updated its [FAQ](#) related to the parents as paid caregivers for their minor children flexibility.

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Federal COVID-19 Public Health Emergency

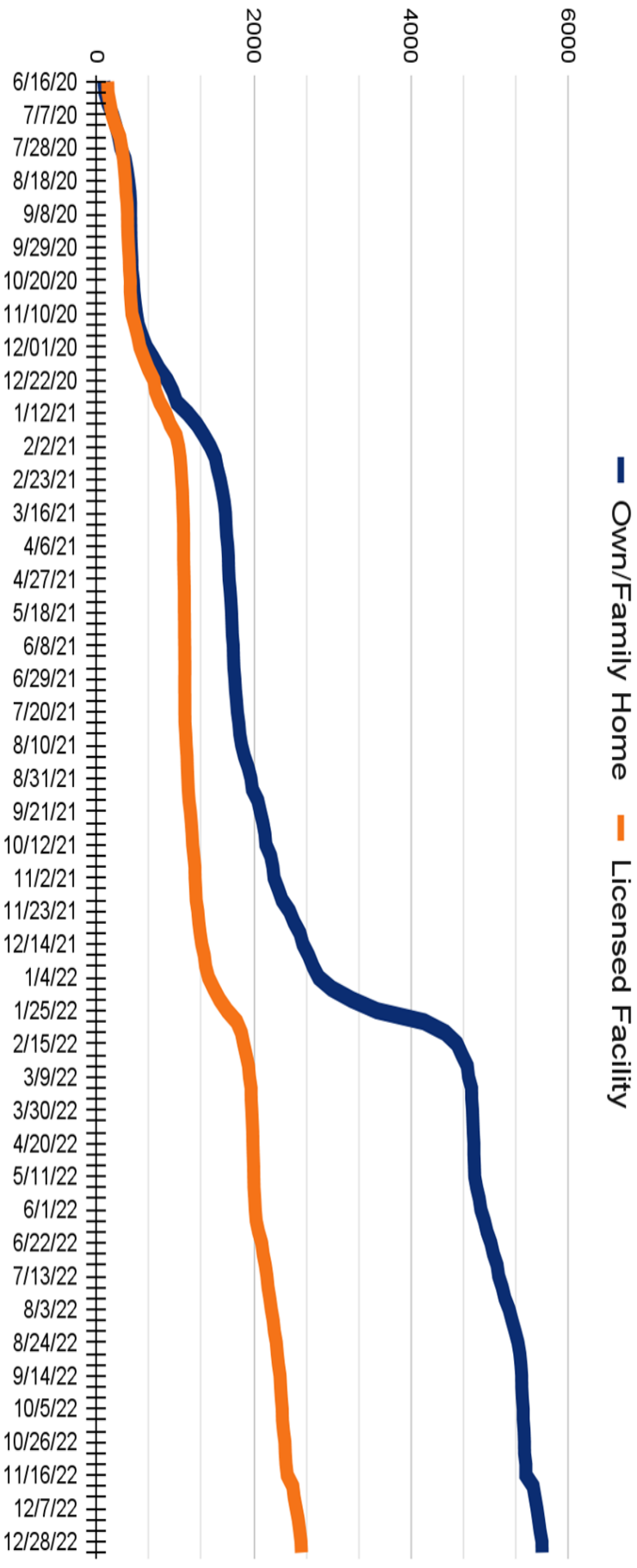
COVID-19 Flexibilities Ending April 1, 2023

- Virtual Person-Centered Service Plan Meetings
- Remote Learning Supports
- Assessing Risk for DDD Members Who Are At Higher Risk for Severe Illness From COVID-19 Guidance
- Requiring Qualified Vendors Providing Group Home or Developmental Home Services to Hold a Place for a Member Who Moves to Their Family Home Due to COVID Staffing Issues COVID Concerns

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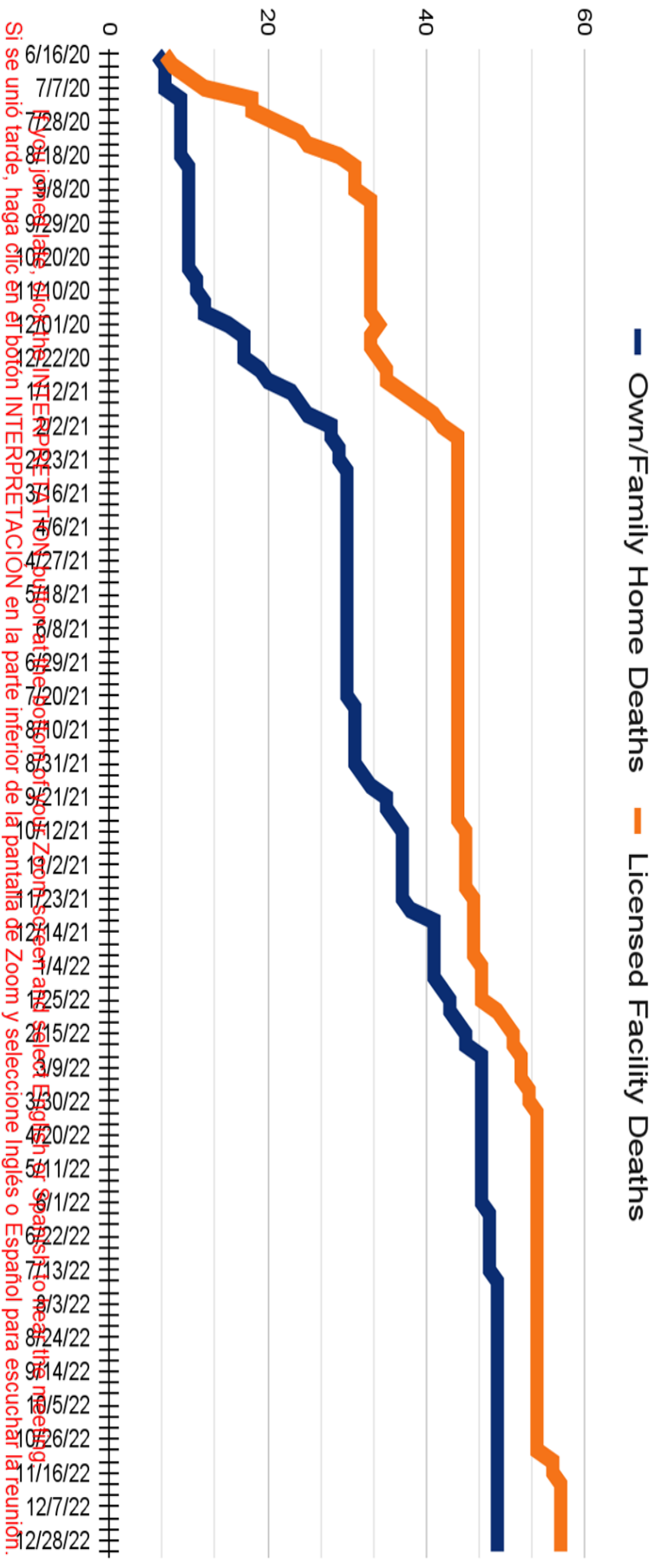
COVID-19 Member Positive Tests

Member Positive Cases - Own/Family Home & Licensed Facilities



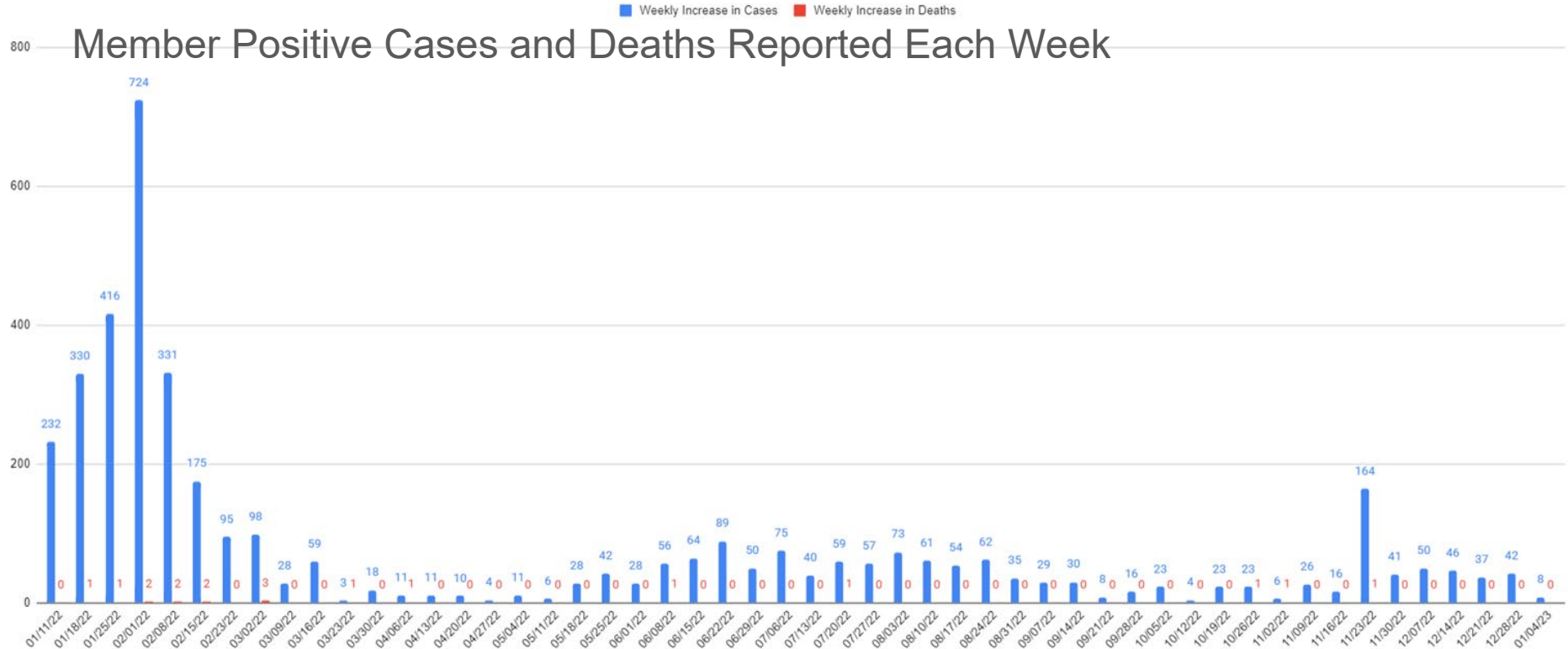
COVID-19 Member Mortality

Member Deaths - Own/Family Home & Licensed Facilities



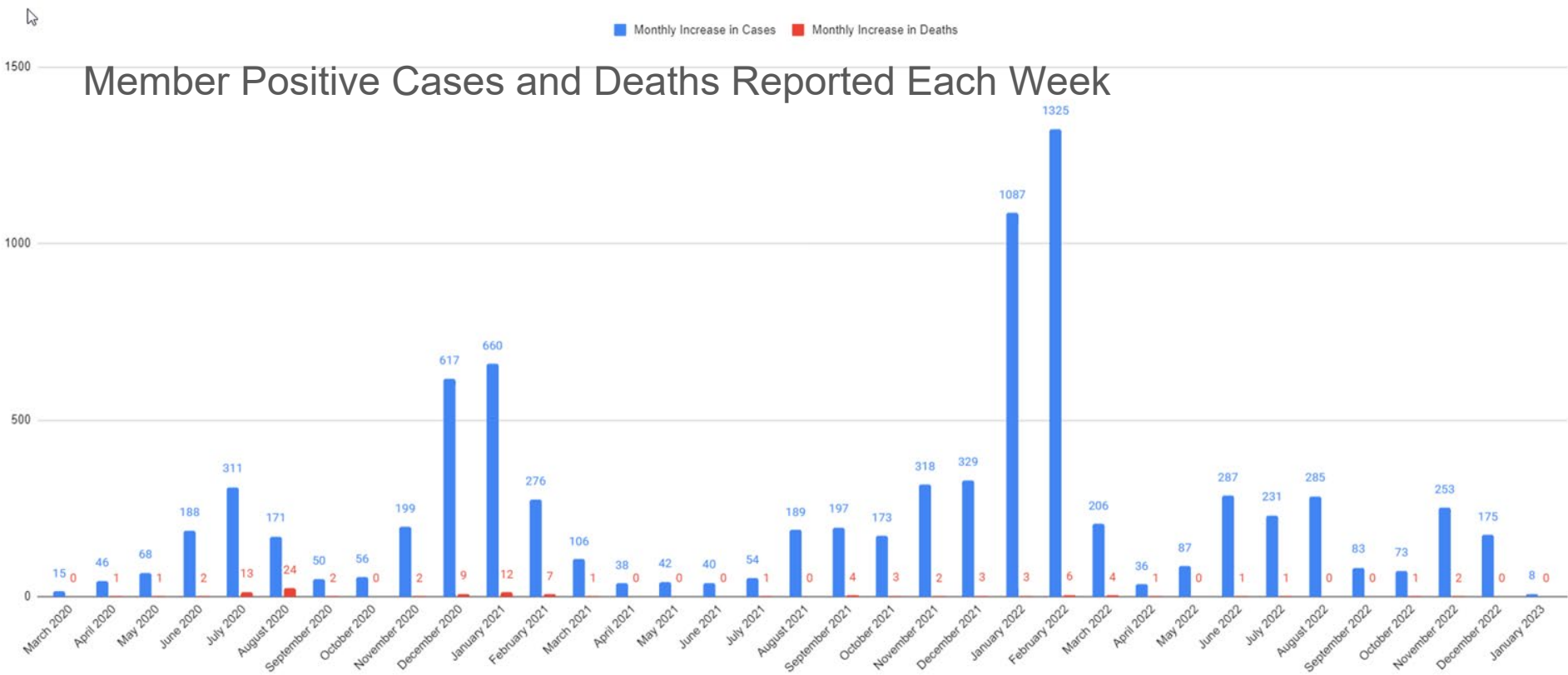
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COVID-19 Member Weekly Data



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COVID-19 Member Monthly Data



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DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Questions?



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



House Bill 2865 Project

House Bill 2865

On June 28, 2022, Governor Ducey signed into law House Bill 2865.

The Division and Arizona Center for Disability Law (ACDL) are partnering to implement a pilot program outlined in the requirements found in House Bill 2865.

As required by the legislation, this year the Division will contract with ACDL conduct monitoring of group homes that serve members with complex behavioral needs and investigate quality of care complaints for members residing in any DDD funded group home.

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Who is the ACDL?

- ACDL is a not for profit public interest law firm, dedicated to protecting the rights of individuals with a wide range of physical, mental, psychiatric, sensory and cognitive disabilities.
- ACDL has existed for almost 30 years and its work has focused on ensuring people with disabilities are free from abuse, neglect, and discrimination.
- ACDL is part of the nationwide protection and advocacy (P&A) system.

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ACDL GH Monitoring 3 Year Pilot Program

- The Division will identify homes which serve members with complex needs (e.g. members with I/DD and behavioral health diagnoses and significant behavioral issues) and provide the list to ACDL.
- ACDL will monitor group homes to:
 - Identify if the services in the Person-Centered Service Plan have been provided as stated, including medication monitoring and habilitation treatment.
 - Identify if the services in the Person-Centered Service Plan have been effective at meeting the Member's complex needs.
 - Identify if the services in the Person-Centered Service Plan have resulted in a reduction of the behaviors that interfered with their ability to live safely in the community.
 - Identify if all physical interventions used by the Qualified Vendor Group Home or State Operated Group Home staff have complied with the member's behavioral treatment plan.

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ACDL Quality of Care Investigations

- There will not be any changes with the Division's role in investigating Quality of Care Concerns (QOC). As required by legislation, the Division will begin sending all QOCs from all DDD funded Group Homes to ACDL.
- ACDL will screen all QOCs to identify trends such as, but not limited to:
 - More than one complaint from a single member
 - Repeated incidents at a particular Group Home
 - Members at risk for repeated abuse, neglect, and/or safety issues
- ACDL will select which QOCs they will conduct an additional investigation on, with priority on QOCs related to abuse, neglect and safety.

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ACDL Reporting

On or before December 31, 2025, ACDL will share a report of their observations and outcomes of the pilot program, including systemic issues that were identified, the quality of services provided member who have complex behavioral needs and any recommendations for service improvements.

This report will be shared, at a minimum, with the:

- Arizona Governor
- President of the Arizona Senate
- Speaker of the Arizona House of Representatives
- Arizona Secretary of State

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DES/DDD Annual Report

In addition to the monitoring and investigations conducted by ACDL, the legislation requires DES/DDD to submit an annual report including the following information:

- Aggregate data regarding incident reports that were received from group homes in the preceding two years;
- Information regarding group home contracts and expenditures; and
- The number of Medicaid fraud investigations of service providers of group home service

The first annual report is due January 2024 and must be provided to the following:

- Chairpersons of Health and Human Services of the Arizona Senate and House of Representatives, or their successor committees, and
- Directors of AHCCCS and ADHS
- Arizona Center for Disability Law
- Arizona Secretary of State

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Questions and Contacts



Email questions regarding House Bill 2865 to DDDQMProgramMonitoring@azdes.gov

Presenter Contact Information:

- Melissa Essig, DDD Project Lead
 - Email: messig@azdes.gov
- J.J. Rico, ACDL Chief Executive Officer
 - Email: jrico@azdisabilitylaw.org

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DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Questions?

Join the
**INCLUSION
REVOLUTION!**

Special Olympics
Arizona



2019 Impact Report

(Last full competition season)



- **20 sports offered** at over **440 competitions** held statewide
 - **21,461 participants** (Athletes, Unified Partners, Young Athletes)
 - **FREE for all participants** (training, uniforms, equipment, travel etc.)
 - **22,856 volunteers** (Coaches, LETR, Board Members, Day of Event)
 - **760 coaches** registered and trained
 - **270 delegations (teams)** registered in **6 geographic areas**
- 95¢ of every dollar donated goes directly to SOAZ programs**

Sports / Seasons



FALL

- Badminton
- Bocce
- Bowling
- Golf
- Softball
- Swimming
- Soccer

WINTER

- Basketball
- Cheerleading
- Floor Ball
- Flag Football
- Alpine Skiing
- Cross Country Skiing
- Snowboarding
- Snowshoeing
- Floor Hockey

SPRING

- Athletics (Track & Field)
- Powerlifting
- Tennis
- Volleyball

YEAR-ROUND

- Esports (Video Gaming) NEW IN 2020!!

SOAZ Areas



01. River

Kingman, Lake Havasu, Yuma, etc.

02. Mountain

Flagstaff, Prescott, Page, etc.

03. Monument

Holbrook, Safford, St. Michael's, etc.

04. Palo Verde

Goodyear, Peoria, Surprise, West Phoenix, etc.

05. Four Peaks

East Phoenix, Gilbert, Mesa, Tempe, etc.

06. Coronado

Casa Grande, Sierra Vista, Tucson, etc.

INCLUSION REVOLUTION:

The Unified Movement



Promotes **social inclusion** for individuals with disabilities and those without disabilities through inclusive **Unified Sports, health education, youth and adult leadership,** and other **advocacy programs and campaigns.**





Special Olympics
Unified Sports®

Unified Sports is an inclusive sports program that combines individuals with intellectual disabilities (athletes) and individuals without intellectual disabilities (unified partners) on sports teams for training and competition.



Unified Sports develops socially inclusive communities by using ***SPORTS as a catalyst for CHANGE***



Program Overview

- An inclusive and innovative sports play program for children ages 2-7 with and without intellectual disabilities.
- Designed to prepare young children for participation in sports prior to age 8

Program Goal

- Engage children with and without intellectual disabilities through developmentally appropriate activities designed to foster physical, cognitive and social development

Program Outcomes

- Motor Skill Development
- Cognitive Skill Development
- Social Emotional Skill Development
- Adaptive Skill Development
- Communication Skill Development



School-Based Programs



Special Olympics
**Unified Champion
Schools**

Unified Champion Schools

- Empowers and activates youth to develop socially inclusive school communities where all young people are agents of change
- Fosters respect, dignity, advocacy, and inclusion for all individuals, regardless of ability.

Core Components

1. Unified Sports
2. Inclusive Youth Leadership
3. Whole School Engagement
4. Health



1. Inclusive Sports



Special Olympics
Unified Champion
Schools

- *Young Athletes*
- *Unified Sports*
- *Unified Sports Adaptive P.E.*
- *AIA Unified Sports (High School)*





High School Unified Sports



Program Description

- In June 2011, a partnership was formed between Special Olympics Arizona (SOAZ) & the Arizona Interscholastic Association (AIA) with the sole purpose of building a state-wide Unified Sports system.

Sports as a *Catalyst* for Change

- Engages athletes and partners in an environment which promotes camaraderie, competition and sportsmanship.
- Breaks down social barriers and fosters inclusion on and off the playing field as teammates form long-lasting friendships.



AIA

2. Inclusive Youth Leadership



Special Olympics
Unified Champion
Schools

Unified Clubs

- Student leaders with and without disabilities work together to develop strategies, lead initiatives, and organize events on their school campus, which promote the respect, inclusion, and acceptance of all people, regardless of abilities
- Provides all students, regardless of ability, with an engaging opportunity to develop and demonstrate their leadership skills



3. Whole School Engagement

- ***Spread the Word to End the Word***
(R-word Campaign)



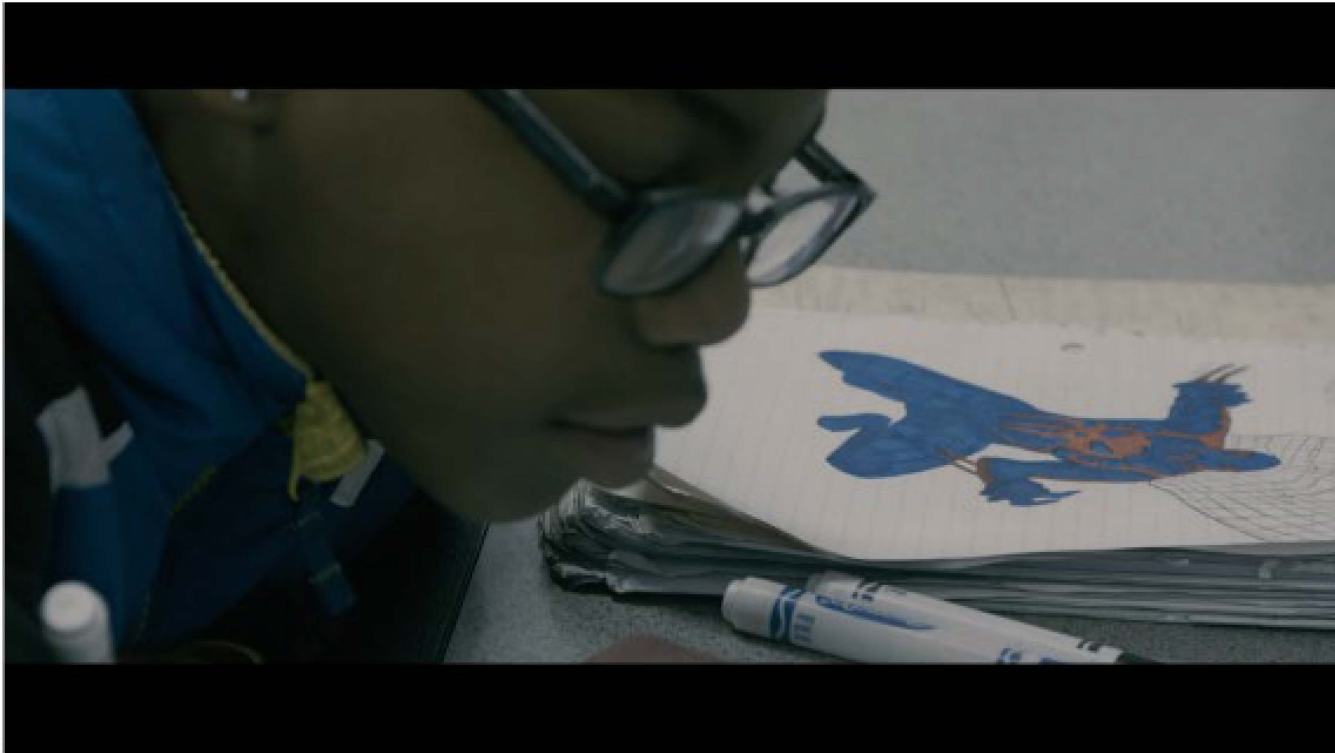
- ***Minute That Matters***
(Fundraising)



- ***Other Initiatives:***
 - *Disability Awareness Week*
 - *School Pep Assembly*
 - *Unified Fan Activation*

Unified Champion Schools

INNOVATION GRANT



Unified Champion Schools Data



- 63% of school liaisons felt the Unified Program “made a huge difference” in creating a more inclusive school environment
- 56% of school liaisons felt the Unified Program successfully reduced bullying and teasing
- 74% of students said the Unified Movement was a positive turning point in their lives
- 66% of students said they learned they have things in common with their peers with intellectual disabilities



Athlete Leadership



The Athlete Leadership Program allows Special Olympics athletes to **shape the future** of the movement and become **leaders** within the organization as well as in their **community**. Athlete Input Council is a group of athletes in each area of the state that discuss how Special Olympics could **better serve** our athletes. This is a way to make the **athletes voices** heard within our organization.



Health Programs



Special Olympics
Healthy Athletes®



Medfest – Sports Physicals

Health Promotion – General Health

Healthy Hearing – Audiology

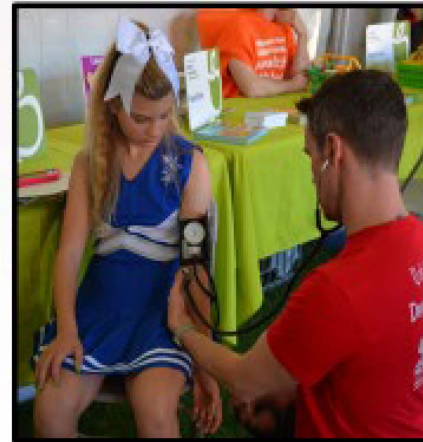
Opening Eyes – Optometry

Fit Feet – Podiatry

FUNfitness – Physical Therapy

Special Smiles – Dentistry

Strong Minds – Mental Health



Health Programs



Special Olympics
Healthy Athletes®



Importance and Impact:

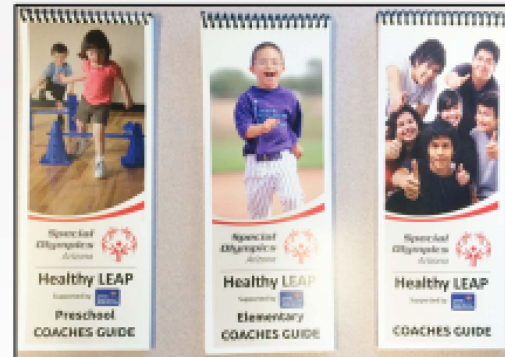
Despite the mistaken belief that people with ID receive the same or better healthcare than others, they typically receive sub-standard care or virtually no health care at all. At SOAZ:

- 70.3% are overweight or obese (adults)**
- 65.4% have a gait abnormality**
- 33.1% have obvious, untreated tooth decay**
- 32.0% have low bone density**
- 25.1% have an eye disease**
- 20.1% have failed a hearing test**

Healthy LEAP- Lifestyle, Education and Practice



- Developed by medical professionals to be implemented by individuals with a non-medical background
- Three levels of curriculum content
 - Young Athletes (Preschool) Version
 - Elementary Version
 - High School Version
- Program Components
- Empowers youth to live healthier lives by providing the tools to help them make healthy lifestyle choices



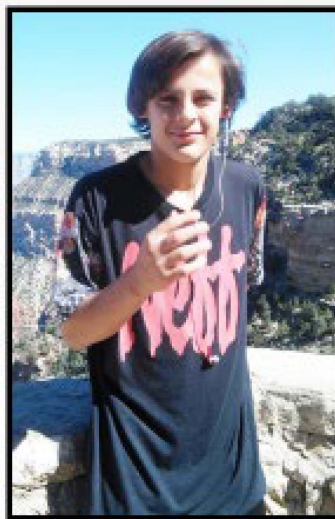
Health Education – On and Off the Field



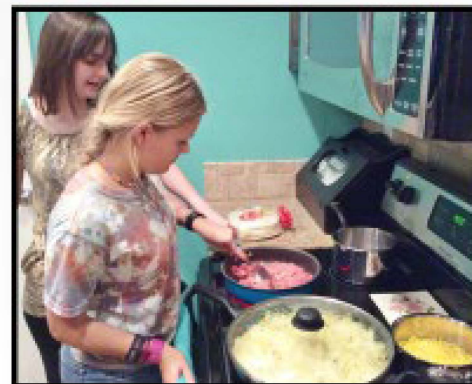
Healthy LEAP has successfully reduced BMI in 40% of participants



Micah - May 2014



Micah - October 2015



Healthy LEAP into Fitness



After 6 years of implementing **Healthy LEAP**, we found gaps in the education and tools SOAZ provided-

2018 piloted

Healthy LEAP into Fitness

Special Olympics Arizona

Healthy LEAP

into Fitness!

A SOfit Model



Four Pillars of Wellness:

Emotional



Nutritional



Physical



Social



Healthy LEAP into Fitness



EMOTIONAL WELLNESS

Respect & Self-Esteem
Stress Management & Relaxation

OPTIONAL: Goal Setting & Decision Making

NUTRITIONAL WELLNESS

Balanced Meals: At Home & On the Run
Understanding Beverage Choices

OPTIONAL: Alcoholic Beverages (& Tobacco Too)

PHYSICAL WELLNESS

Strength, Endurance & Flexibility
Physical Wellness & Taking Care of My Body

OPTIONAL: Alternative Fitness

SOCIAL WELLNESS

Relationships in My Life
Healthy vs. Unhealthy Relationships

OPTIONAL: Safe & Appropriate Boundaries

6 Pilot Schools for 2018- 2019

Chino Valley HS

Kofa HS

Trevor Browne HS

Sunrise Mtn HS

Washington HS

Up Fit n Fun



Lifelong Engagement

<u>Program</u>	<u>Age Group</u>
Young Athletes	2-8
Youth Unified Sports	8-13
High School Unified Sports	14-22
SO College Unified Sports	22+
Community Based Unified Sports	22+

Special Olympics
Arizona



Lifelong Engagement

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Special Olympics
Arizona





DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona



Questions? Thank you!