Division of Developmental Disabilities
September 1, 2022

Agenda

- COVID-19 Updates
- Provider Rate Increases
- WellSky Claims System
- EVV Policy and Hard Edit Claims Date
- Legislative Updates
- Announcements
- Aging with Down Syndrome and Dementia
  - Phil Carll and Maria Socorro Gonzalez Pyles
  - ASU Edson College of Nursing and Health Innovation

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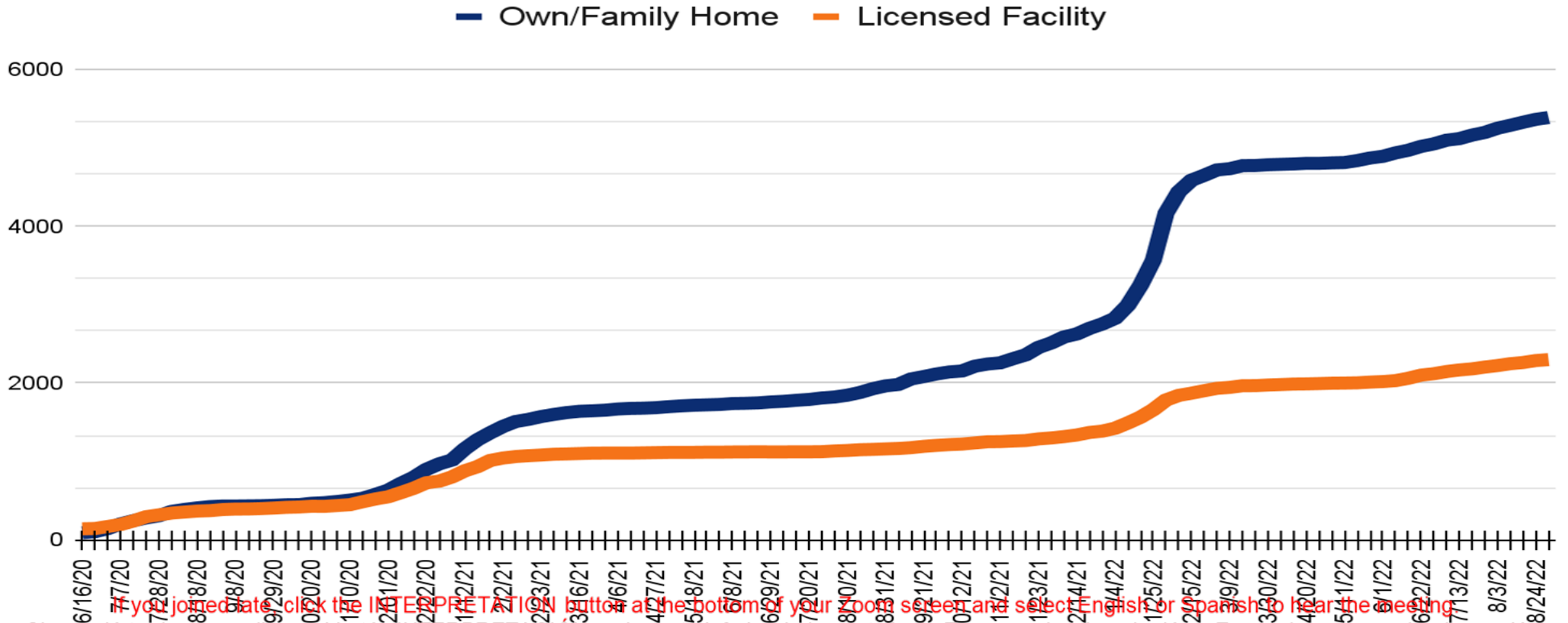
COVID-19

DDD's top priority is the health and safety of our members, their families, and the professionals in our program that support them

The Division of Developmental Disabilities (DDD) is:

- Working with ADHS and CDC guidelines to ensure appropriate measures are in place to allow for the continuation of necessary services

- Monitoring service delivery and availability to ensure service continuation

- Providing regular updates on the DDD COVID-19 Website: https://bit.ly/DDD_COVID19Actions

COVID-19 Member Positive Tests

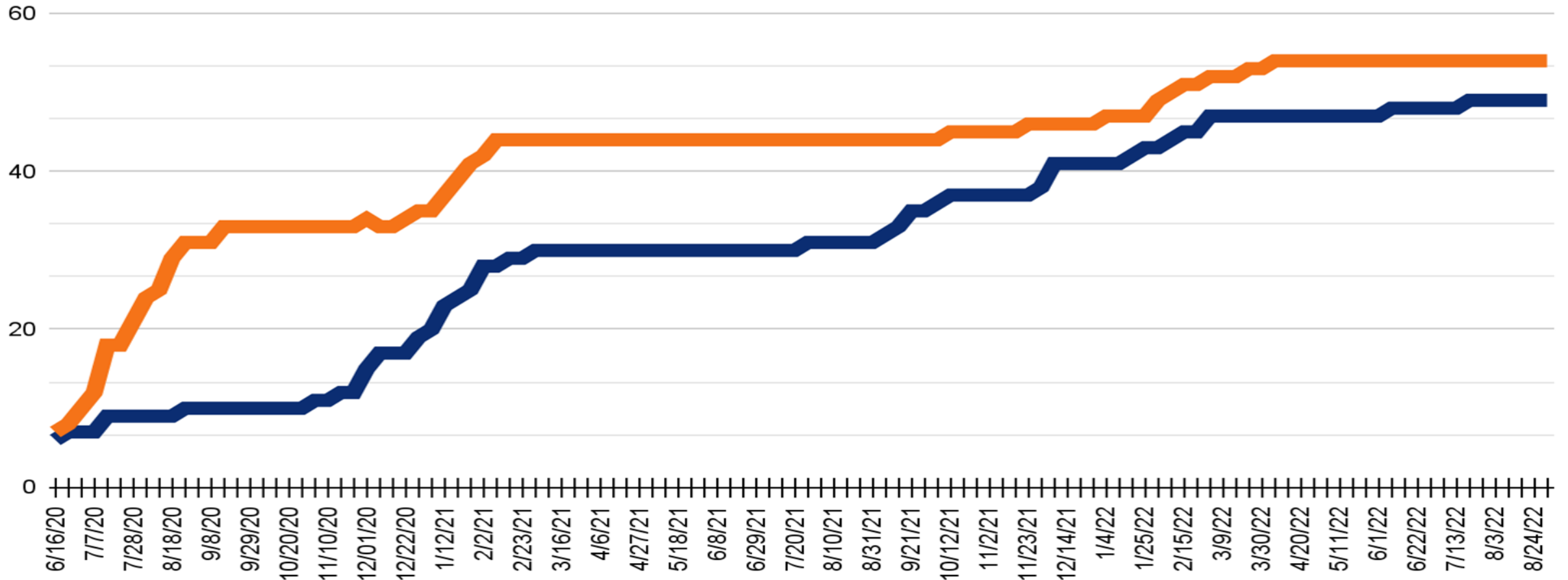## Member Positive Cases – Own/Family Home & Licensed Facilities

Legend: — Own/Family Home — Licensed Facility

COVID-19 Member Mortality

Member Deaths – Own/Family Home & Licensed Facilities

COVID-19 Member Weekly Data

Member Positive Cases and Deaths Reported Each Week
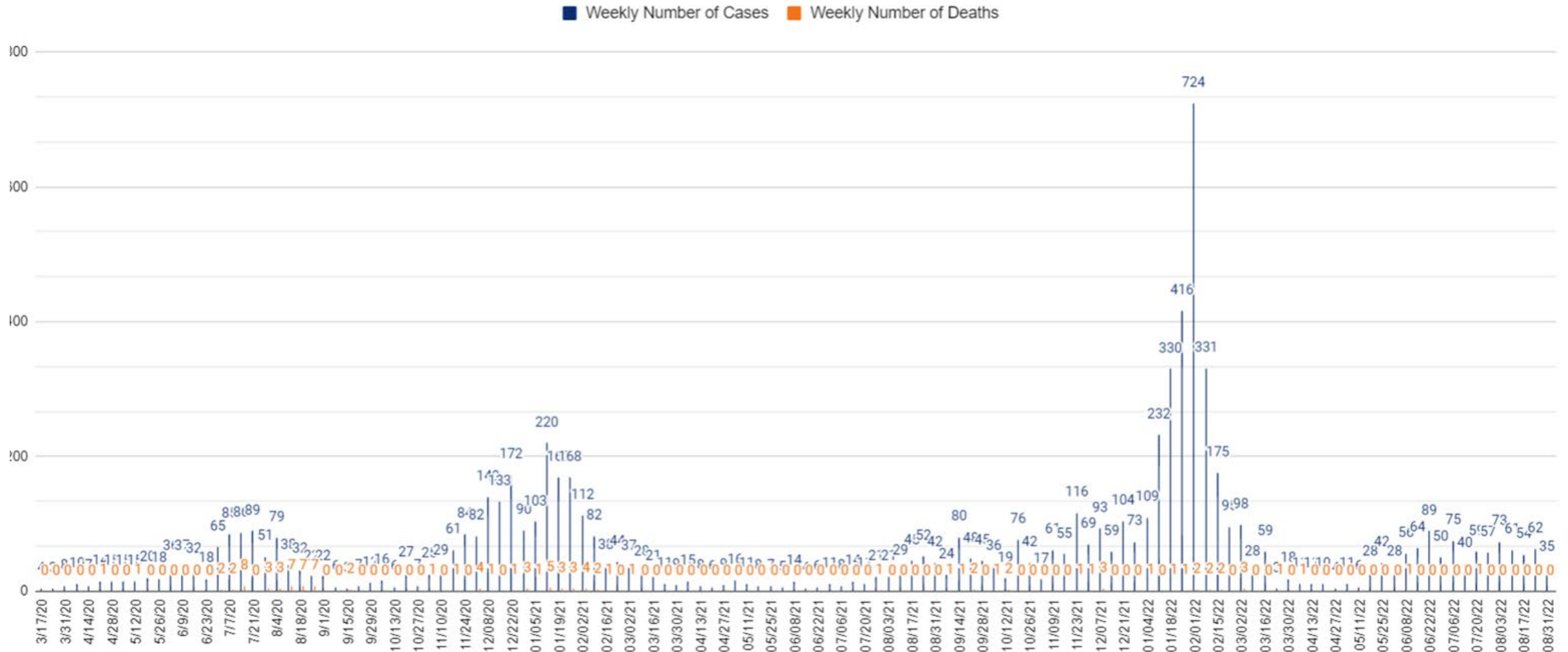
Centers for Disease Control and Prevention [August 11, 2022](#)

- Quarantine no longer required if exposed to someone with COVID-19

  - Wear a high quality mask for 10 days
  - Get tested on day 5

- Stay home for 5 days if you test positive for COVID-19 and isolate from others.

  - End isolation after 5 days if symptoms are gone or you never had symptoms.
  - Wear a high quality mask for 10 days and stay away from people more likely to get very sick from COVID-19 for 11 days

- Physical distancing should be considered based on situational risk.

Unwinding COVID 19 Flexibility In-person Supervisory Visits

AHCCCS recently updated their [Frequently Asked Questions (FAQs) Regarding Coronavirus Disease 2019 (COVID-19)](#)

- AHCCCS is requiring all in-person supervisory visits, reviews of case notes/charts, and supervisory engagement with staff to resume to perform periodic supervisory/monitoring visits to assess Direct Care Worker competency.

- However, member choice will be considered; if members (or their family members) are not yet comfortable with in-person visits, supervisory visits shall continue to be conducted electronically through the end of the federal Public Health Emergency.

  - Member preference should be documented in the member's file at the vendor agency.

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Federal COVID-19 Public Health Emergency

The Secretary of Health and Human Services extended the COVID-19 federal public health emergency (PHE) effective July 15, 2022.

These service flexibilities continue to be available since the Federal PHE has been extended until at least October 13, 2022.

- Parents as Paid Caregivers providing direct care to minor children.

  - AHCCCS has a [Frequently Asked Questions](#) document.

  - DDD has also published [Frequently Asked Questions](#) for parents and families.

- Home delivered meals.

- Services to support remote learning.

Provider Rate Increase Virtual Forums

Governor Doug Ducey and the Arizona State Legislature approved funding, almost $187 million dollars after the federal Medicaid match, in the most recent Legislative session for DDD to increase rates paid to Qualified Vendors for Home and Community Based Services (HCBS).

DDD hosted 5 virtual forums in August 2022 and solicited feedback through an online form.

Those sessions were open to members, families, vendors and providers.

DDD presented its proposed use for these funds.

Attendees provided input about the services they felt most needed rate increases and about the Division's proposal.

Provider Rate Increase Virtual Forums

Over 650 attendees across all five sessions

Over 600 total comments captured during sessions and online

Next Steps:

- DDD submitted a report to the Legislature regarding outreach activities and feedback from stakeholders on September 1.

- Rate book with new rates to be published in the last week of September.

- New rates will take effect on October 1, 2022

WellSky Claims System

Implementation of a new claims submission system that utilizes CMS standard forms and and code sets (including HCPCS) - mandated by AHCCCS.

- New system implementation date is today, **September 1, 2022**.

Vendor announcement sent on August 24 and August 31 with links to available resources to support vendors through implementation.

- Technical assistance sessions being held twice a day through September 16

- FAQ and question submission online - [C2F HIPAA-TCS (WellSky)](#)

- Provider Relations hours extended to 8:00 p.m. beginning September 1 normal business days and hours

WellSky Claims System

Claim Counts	
Submitted	98,919
Approved by WellSky	95,400 (96%)
Value	
Submitted	$27.4M
Approved by WellSky	$25.8M
Throughput	
Focus average daily claims prior to September 1	61,000
Focus max/peak daily claims prior to September 1	197,000
WellSky claims on September 1 (first 7 hours)	98,919

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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)

AHCCCS E.V.V.
ELECTRONIC VISIT VERIFICATION

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.

Electronic Visit Verification (EVV)

- AHCCCS has communicated that November 1, 2022 is the hard claims edit implementation deadline.

- Claims submitted for services requiring EVV compliance after this date will not be reimbursable if they do not comply with EVV policy.

  - Division Provider Policy Manual Chapter 62

  - AHCCCS Medical Policy Manual Chapter 540

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.

Designees Attestation

AHCCCS Arizona Health Care Cost Containment System
AHCCCS MEDICAL POLICY MANUAL
POLICY 540, ATTACHMENT A – ELECTRONIC VISIT
VERIFICATION DESIGNEE ATTESTATION

ELECTRONIC VISIT VERIFICATION (EVV) – DESIGNEE ATTESTATION

I may not be <u>able to</u> or I <u>don't want to</u> 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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There are no exemptions for EVV, but AHCCCS has offered some flexibilities such as the continued use of paper timesheets with a 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

Paper Timesheets

- Must used 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. Must keep the attestation on file.

Paper Timesheets- 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   DATE
MAKER NAME

_____   _____
MEMBER/HEALTH CARE DECISION   MEMBER ID
MAKER SIGNATURE

_____   _____
PROVIDER REPRESENTATIVE NAME   DATE

_____
PROVIDER REPRESENTATIVE
SIGNATURE

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](#)

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.		

Effective Date: 01/01/21
Approval Date: 11/19/20

After Hours

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.

Legislative Update

HB2113 - Adds Down Syndrome as 5th Qualifying Diagnosis for DDD Eligibility.

HB2865 - Requires a designated entity to monitor and inspect in person all group homes that provide services to "clients with complex needs." Requires DDD to establish a referral system to ensure quality of care complaints are transferred to the designated entity for investigation. Requires annual report to legislature detailing a variety of metrics as it relates to incident reporting.

SB1542 - Prohibits providers from preventing members / responsible persons from installing and paying for the cost of electronic monitoring devices in common areas of group homes. - Providers may not access electronic record of monitoring devices unless responsible person provides access.

SB1230 - Provider Rate Increases for Home and Community Based Services

SB1231 - DDD must provide up to 30 days for IOCs to review new policies and major policy changes before the Division posts them for public comment.

Volunteers Needed

- Independent Oversight Committees
  - District North specifically has a need
- Program Review Committees
- Developmental Disabilities Advisory Council (appointed by the Governor)
- Contact the DDD Volunteer coordinator at dddvolunteers@azdes.gov if interested.

Questions?

Aging with Down Syndrome and Dementia

What is Dementia?
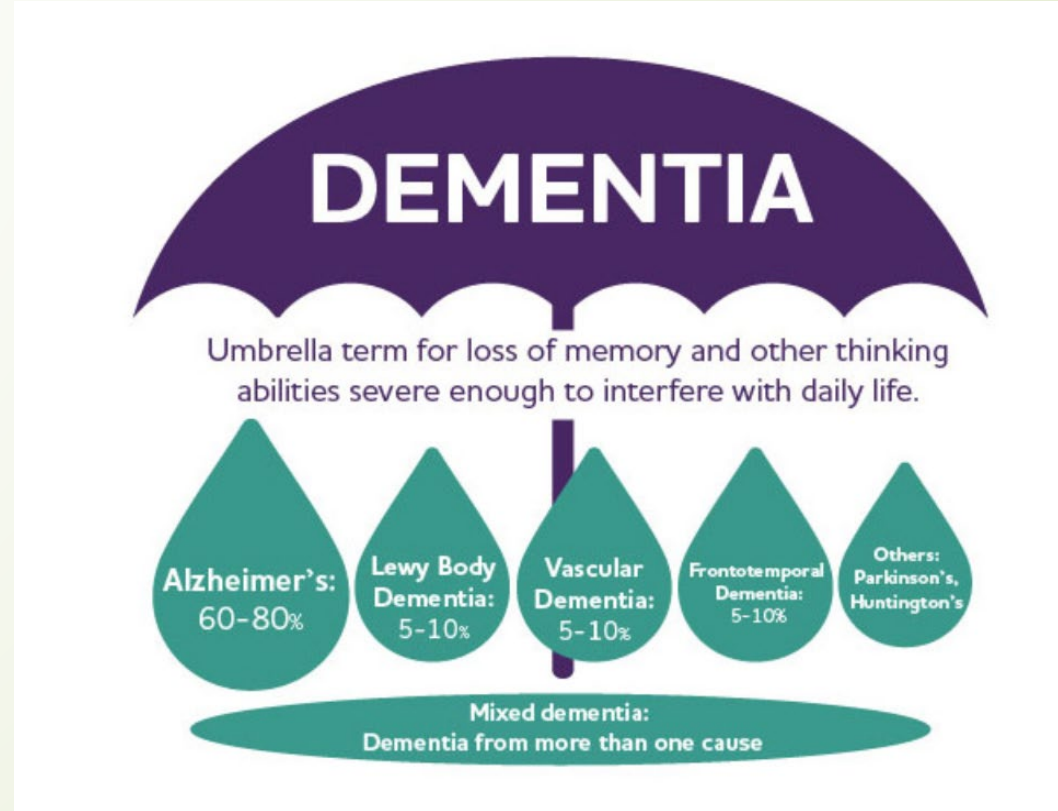
Dementia is a general term that indicates the person has memory loss, changes in language, difficulty problem-solving, and other thinking abilities that interfere with daily routines. Dementia is not a specific disease but a group of conditions.

What is Alzheimer's Disease?

Alzheimer's disease is a disease that affects the brain, and it is progressive. This means that the disease will evolve over the years. How it evolves varies from person to person as no two people with Alzheimer's are the same.

- The most common form of dementia – 60% of diagnosed dementias

- Main features of the disease found in the brain are abnormal clumps (called amyloid plaques) and tangled bundles of fibers (called neurofibrillary, or tau, tangles)

  - These plaques and tangles cause the loss of connections between nerve cells (neurons)

  - Neurons transmit messages between different parts of the brain, and from the brain to muscles and organs in the body.

- Causes problems with memory, thinking, mood and behavior that results in a decline from the individual's long-standing level of ability

- Irreversible

The brain and its functions

Frontal Lobe
- Problem solving
- Emotional traits
- Reasoning (judgment)
- Speaking
- Voluntary motor activity

Parietal Lobe
- Knowing right from left
- Sensation
- Reading
- Body orientation

Temporal Lobe
- Understanding language
- Behavior
- Memory
- Hearing

Occipital Lobe
- Vision
- Color perception

Brain Stem
- Breathing
- Body Temperature
- Digestion
- Alertness/sleep
- Swallowing

Cerebellum
- Balance
- Coordination and control of voluntary movement
- Fine muscle control

What differences do you observe?

Healthy Brain   Severe Alzheimer's

Changes Associated with the Onset of Dementia that Disrupt Daily Life

- Memory loss (particularly short-term memory)

- Challenges in planning or problem solving

- Difficulty in completing familiar tasks

- Confusion with time and place

- Trouble comprehending visual images and spatial relationships

- Problems recalling or understanding words in speaking and writing

- Misplacing things and losing the ability to retrace steps

- Decreased or poor judgement

- Withdrawal from social activities

- Behavior changes (e.g., wandering, restlessness, sleeplessness, repeating the same question)

- Mood and personality changes (e.g., sadness, anxiety, suspiciousness, loss of interest in pleasant activities)

Risk Factors for Developing Alzheimer's Disease & Related Dementias (ADRD)

Aging - Age is the greatest risk factor.

- The percentage of people with Alzheimer's dementia increases dramatically with age.

Genetics - Researchers have found several genes that increase the risk of Alzheimer's.

- Of these, APOE-e4 has the strongest impact on risk of late-onset Alzheimer's.

Family History - A family history of Alzheimer's is not necessary for an individual to develop the disease.

- However, individuals who have or had a parent or sibling (first-degree relative) with Alzheimer's are more likely to develop the disease than those who do not have a first-degree relative with Alzheimer's.

Other Risk Factors - Although age, genetics and family history cannot be changed, other risk factors can be changed or modified to reduce the risk of cognitive decline and dementia.

- Examples of modifiable risk factors are physical activity, smoking, education, staying socially and mentally active, blood pressure and diet.

Alzheimer's Disease & Other Related Dementias - Statistics

In the USA…

- In 2022, an estimated 6.5 **million** Americans age 65 and older are living with Alzheimer's disease

- Projected to rise to nearly 14 million by 2060

- 74% of individuals living with dementia live at home

- 6th leading cause of death in the U.S.

In Arizona…

- In 2020, an estimated 150,000 Arizonans were living with ADRD

- By 2025, more than 200,000 Arizonans will have ADRD; largest percent increase among US states

- In 2018, 3,012 Arizonans died from ADRD – a 188% increase since 2000

- 5th leading cause of death in AZ

Caring for Individuals with ADRD - Statistics

In the USA…

- Estimated 70% of individuals living with dementia live at home. 26% of these individuals live alone.

- In 2022, over 11 million Americans will provide unpaid care for individuals with ADRD

- These caregivers will provide more than 16 billion hours of care

- The value of these unpaid hours is over $270 billion

In Arizona…

- In 2022, an estimated 257,000 Arizonans will provide unpaid care for individuals with ADRD

- These caregivers will provide over 501 million hours of care

- The value of these unpaid hours is over $8.4 billion

- Over 53% of these caregivers live with a chronic health condition

Aging with Down Syndrome

In the US, ~400,000 Americans have DS; ~6,000 are born each year.

Life expectancy of people with DS has increased from 25 to 60 years of age over the past few decades	Greater risk (2-5X) of developing dementia than general population	Develop dementia at younger ages (late 30s and early 40s)	People with another intellectual or developmental disability (IDD) develop symptoms at a similar age as the general population.

Comparison of Dementia Prevalence Rates by Age

Age	% Affected General Population	% Affected Population with DS	% Affected Population with other IDD
35-49	-	8%	-
50-59	-	55%	-
60+		75%	-
<65	4%	-	-
65-74	16%	-	15%
75-84	44%	-	23%
85+	37%	-	30%

Most Noted Impairments in Individuals with DS and the Onset of Alzheimer's Disease

Individuals with DS and dementia have changes and difficulties that are both similar and different from the general population with dementia.

- Progressive difficulty eating or safely swallowing
- Incontinence - bladder and bowel control deteriorates as brain function worsens
- Increased risk of developing seizures as dementia progresses
  - Late onset dementia seizures affects about 80% of the population with DS
- Gait (walking) and balance changes occur due to a combination of memory loss and physical decline

People Aging with Down Syndrome and ADRD *Care Needs and Interventions*

Services Needed by Individuals with ADRD

- An early and accurate diagnosis. The benefits of a diagnosis:
    - Establish baseline of functioning (cognition, mood and behavior)
    - Implement changes to diet, exercise and cognitive training
    - Appropriate medication interventions
    - Plan for the future – care, financial, end-of-life

- Dementia education to increase their understanding of dementia, symptoms and possible course of the disease

- Promote *aging in place*, when possible and appropriate
    - Maintain family and social connections, daily activities and quality of life

- Medical research seeking prevention, treatment or cure

- Advance dementia capable systems including social research, education, medical care and community programs and services
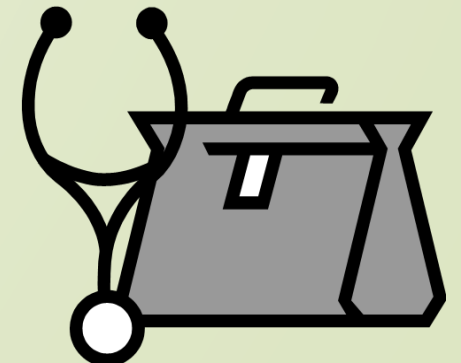
Programs and Services Needed by People with DS & Dementia

- Appropriate screenings, assessments and follow-ups
- Activities that help maintain quality of life
  - Health reviews and surveillance
  - Health maintenance (e.g., nutrition and physical activity)
  - Continued engagement in activities in home and community settings
- Support to age in place (e.g., maintaining current living situation with family or residential alternative)
- Advances in dementia capable systems including research, education, medical care and community programs and ng supports
- Programs and services to assist family caregivers

Family Caregivers
Assessments, Needs & Interventions

There are four kinds of people…

There are four kinds of people in the world.

- *Those who have been caregivers,*
- *Those who are currently caregivers,*
- *Those who will be caregivers,*
- *And, those who will need caregivers.*

Rosalynn Carter

Caregivers - The Hidden Patients

Caregivers caring for loved ones with dementia are at risk for:

- Depression (>50% depressed)
- Extreme fatigue, stress, anger & frustration
- Anxiety, upset, feeling overwhelmed
- Guilt
- Financial loss
- Social isolation
- Physical health problems (co-morbidities)
- Mortality

Alzheimer's Association, 2018; Coon et al., 2003; 2012; Ory et al., 1999; Schulz, et al, 1995; Schulz & Beach, 1999; Vitaliano et al., 2003

Caregiving Leads to Health Disparities

- Rarely assessed for health issues and needs

- Lack time or energy to engage in consistent healthy activities

- Compared with non-caregivers, experience significant gaps in the quality of their health and health care

- Highlights need for caregiver interventions

Coon et al., 2003; Gitlin & Schulz, 2012

Caregivers Caring for Loved Ones with Down Syndrome & Dementia

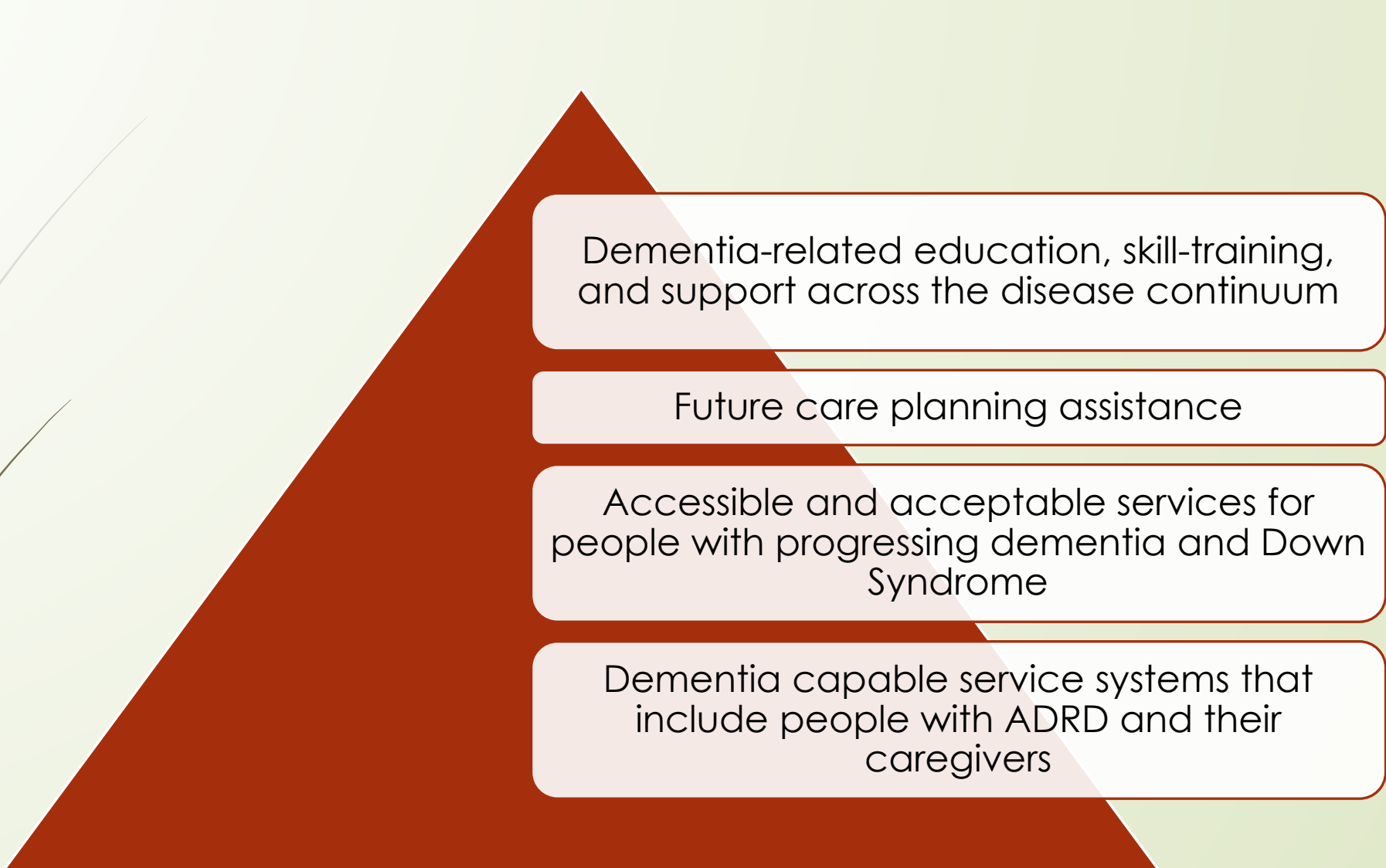Differences when in comparison to the general population:

Lifelong Caregiving
- Senior caregivers (parents)
  - Double jeopardy

- Sandwich generation of caregivers
  - Concurrently caring for early parent and child

Highlights the importance of advance planning
  - Include siblings or other close family friends

Family Caregiver Needs

Dementia-related education, skill-training, and support across the disease continuum

Future care planning assistance

Accessible and acceptable services for people with progressing dementia and Down Syndrome

Dementia capable service systems that include people with ADRD and their caregivers

What's Successful? Implementing Caregiver Interventions

Multi-component Intervention Plan:

- Disease Education

- Support (informal and formal support networks, support groups)

- Caregiving Skills Training

- Respite

- Case Management

- Psychotherapy/Counseling (CBT)

   - Cognitive reframing leading to behavior change

Coon, et al., 2012; Coon & Evans, 2009; Ghaed, Ayers, & Wetherell, 2012; Gallagher-Thompson, & Coon, 2007; Scogin & Shah, 2012; Thompson et al., 2010.

CarePRO (Care Partners Reaching Out) – DS & Dementia

- 5 Weeks of Psychoeducational/Skill-building group sessions
- Each group session is followed by a individual virtual "coaching session"
- Built on Cognitive Behavior Therapy principles
  - Mood management
  - Stress management
  - Effective communication
  - Challenging Behavior Modification & Problem solving
  - Pleasant Events
- Workshop currently being presented virtually

Caregiver Empowerment – CarePRO-DS & Dementia

Enhance Caregiver Quality of Life with Interventions and Services that:

- **Educate** about dementia and possible course of disease

- **Promote health behaviors** (self-care activities)

- **Implement behavioral management strategies**

- **Strengthen communication skills**

- **Enhance positive coping skills** (e.g., problem solving).

- **Develop informal and formal support networks** (increase socialization)

- **Increase access to respite** with workers trained in IDD and dementia.

- **Assist with future care planning**.

AGING SUCCESSFULLY IN DIVERSE COMMUNITIES

CarePRO & CarePRO Virtual+

CarePRO – Long Term Care

CarePRO for the Latino Community

EPIC (Early Stage Partners in Care)

Parkinson's Partners in Care Project

Caregiver Conversations

For more information, please call:

(602) 496-1239
(844) 418-5538
(Outside Maricopa County)
English/Spanish

Find us on Facebook

@AgingSuccessfullyInDiverseCommunities

ASU Edson College of Nursing and Health Innovation
Arizona State University

Thank you!

Questions?

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844-418-5538 (outside Maricopa County)