DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Division of Developmental Disabilities
October 6, 2022

Agenda

- Legislative Updates

- COVID-19 Updates

- EVV Policy and Hard Edit Claims Date

- Announcements

- Chronic Disease Management

  - Dr. Tony Dekker - DDD Chief Medical Officer

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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SB1542

The Department of Economic Security is in the process of creating administrative rules to govern the use of electronic monitoring devices in group homes, nursing-supported group homes, and intermediate care facilities.

These new rules will be added at 6 A.A.C. 6, Article 14.

Public Notice and link to draft rules are available at https://bit.ly/art14ipc

Written comments are being accepted until Friday, October 21, 2022

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SB1230

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.

- Over 650 attendees across all five sessions
- Over 600 total comments captured during sessions and online

New rate book was posted with effective date of October 1, 2022.

Available online in the "Rates" section at https://bit.ly/dddrates.

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HB2113

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

Division Eligibility Policy Manual Chapter 201 Applicants with Down Syndrome (Trisomy 21) currently open for public comment.

Comments are being accepted through October 24, 2022.

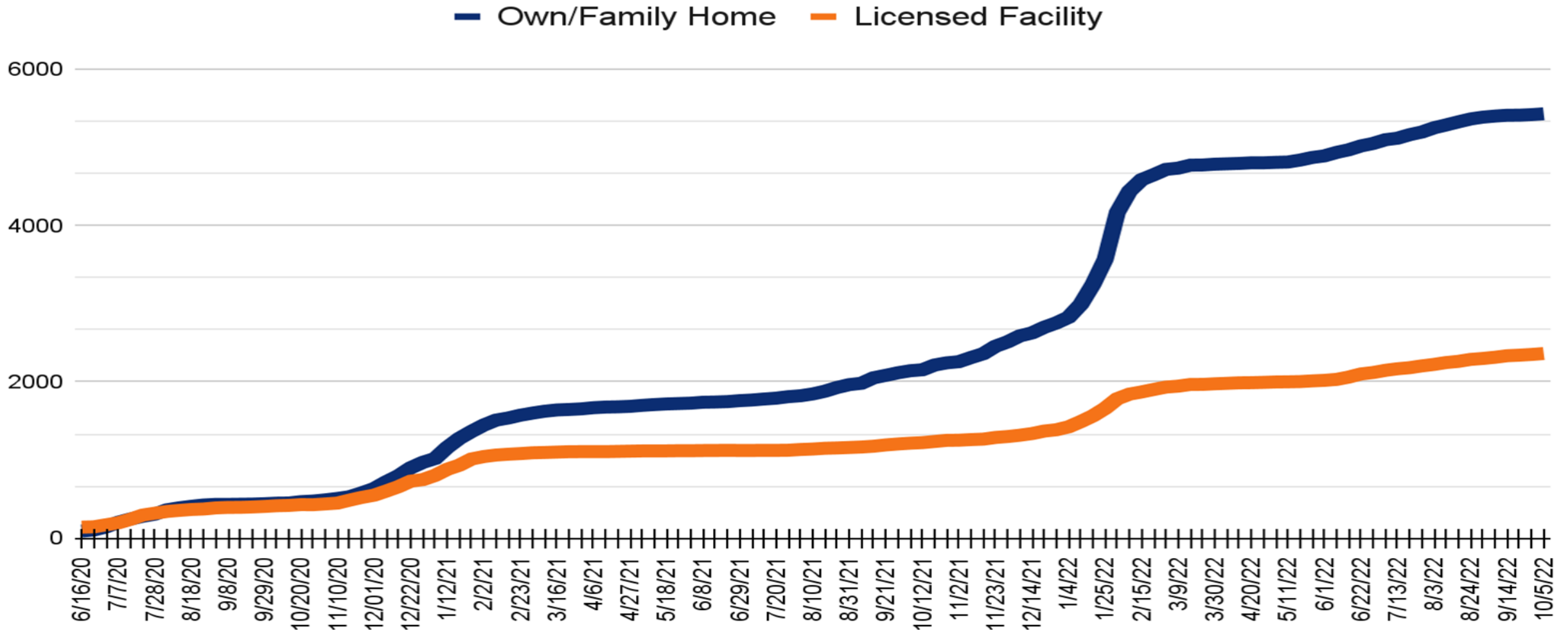Eligibility packet to include DS will be updated by late October 2022.

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

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COVID-19 Member Mortality

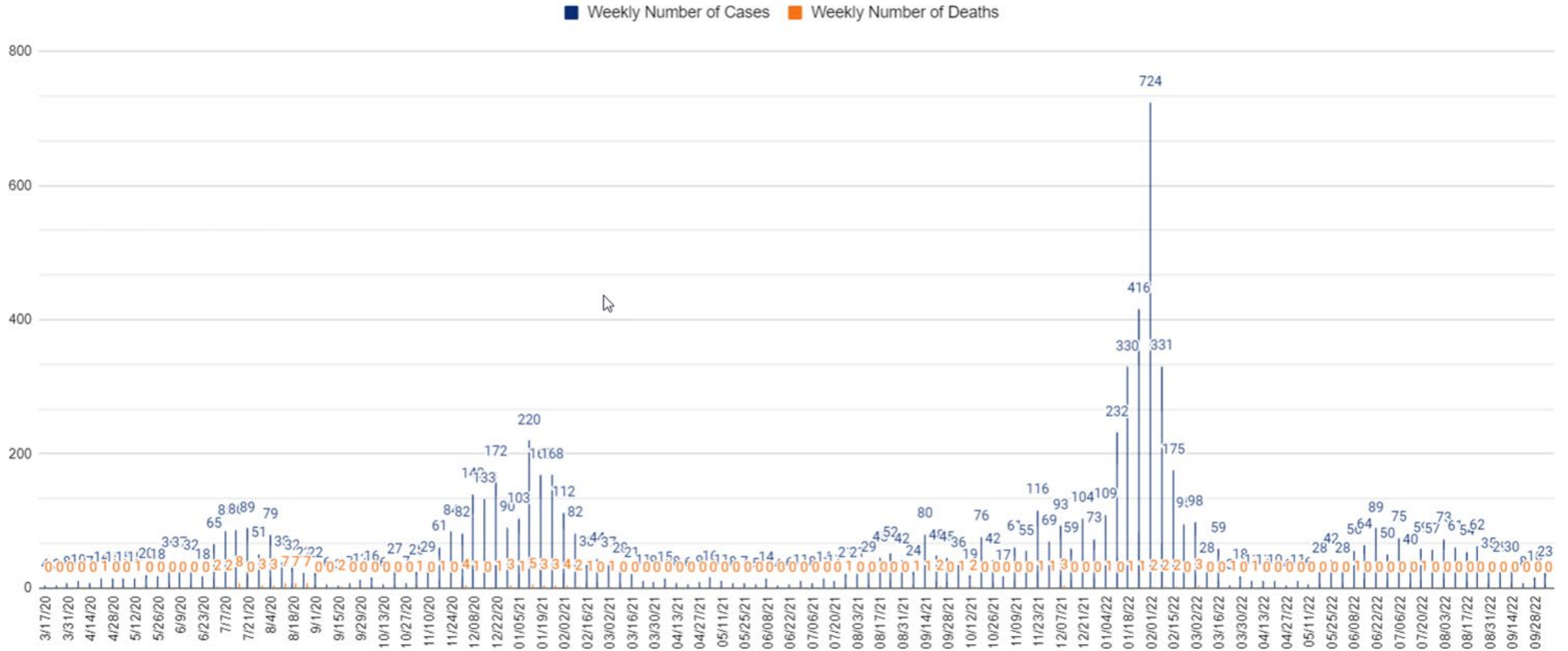## Member Deaths – Own/Family Home & Licensed Facilities

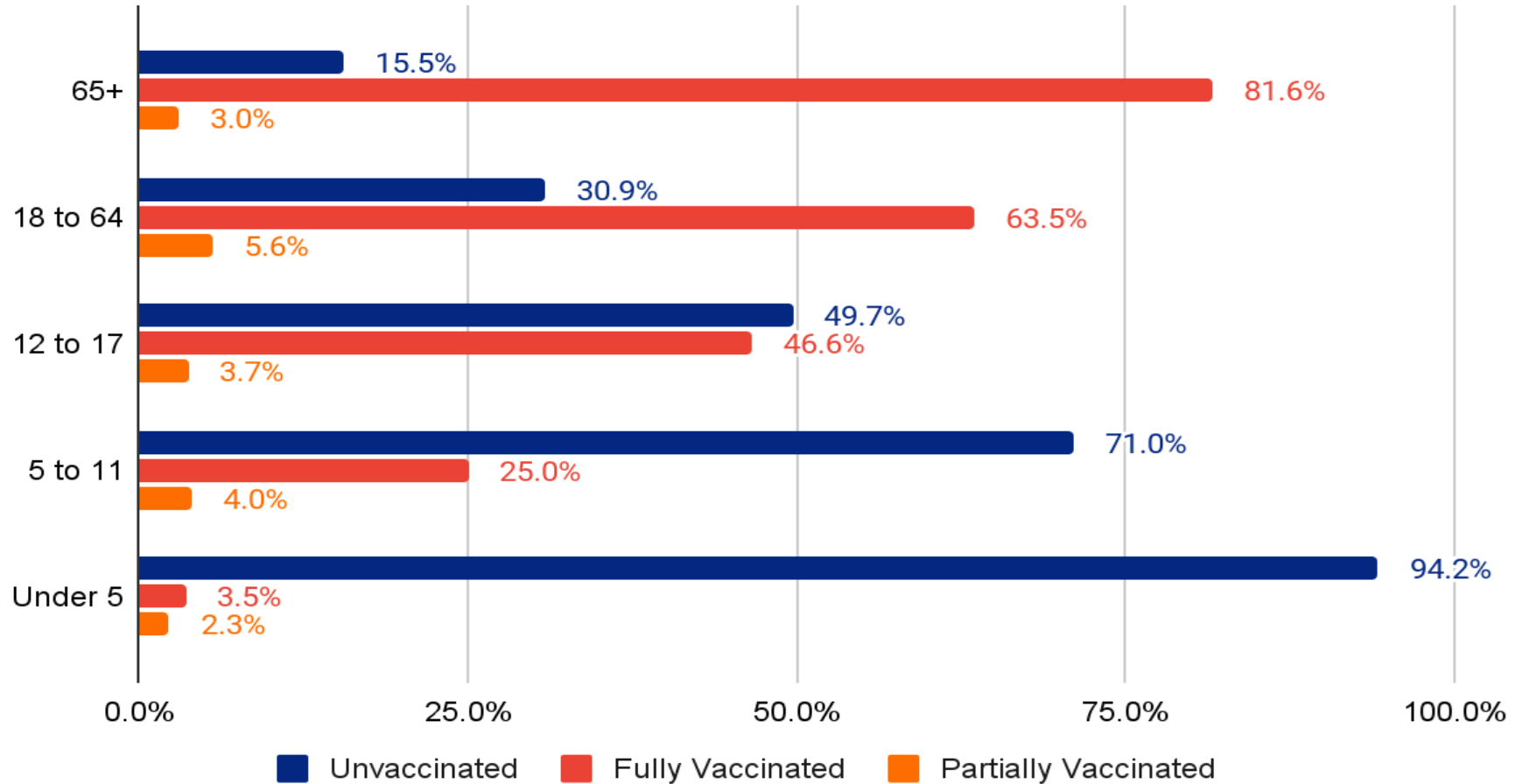— Own/Family Home Deaths — Licensed Facility Deaths
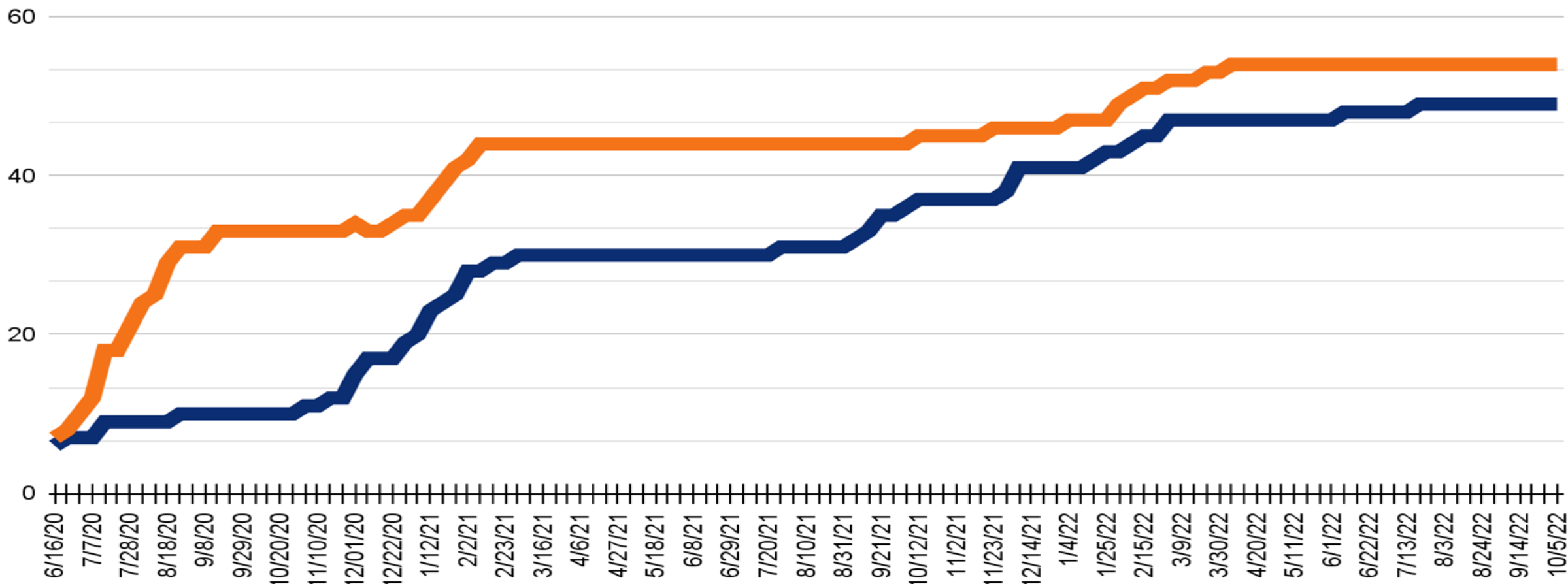
COVID-19 Member Weekly Data

Member Positive Cases and Deaths Reported Each Week

Percentage of Vaccination by Age

- Partially Vaccinated is defined as members who have only received one dose.
- Charts in slide 10-11 reflect doses through 9/7/22

Percentage Vaccinated by Diagnosis and Age

Vaccination data as of September 7th, 2022

Diagnosis	Unvaccinated	Partially Vaccinated	Fully Vaccinated
At Risk, Total	**85%**	**3%**	**12%**
Under 5	94%	2%	4%
5 To 11	76%	4%	20%
12 to 17	53%	4%	44%
18 - 64	31%	15%	54%
65 +			
Autism, Total	**51%**	**4%**	**45%**
Under 5	91%	4%	5%
5 To 11	68%	4%	29%
12 to 17	50%	4%	47%
18 - 64	34%	6%	60%
65 +	21%	7%	71%
Cerebral Palsy, Total	**41%**	**5%**	**54%**
Under 5	100%	0%	0%
5 To 11	66%	4%	29%
12 to 17	50%	4%	45%
18 - 64	34%	5%	61%
65 +	18%	3%	79%
Epilepsy, Total	**43%**	**4%**	**53%**
Under 5	100%	0%	0%
5 To 11	70%	5%	25%
12 to 17	48%	4%	48%
18 - 64	34%	4%	63%
65 +	8%	6%	85%
Intellectual Disability, Total	**34%**	**5%**	**61%**
Under 5			
5 To 11	68%	4%	29%
12 to 17	50%	4%	47%
18 - 64	29%	6%	66%
65 +	15%	3%	82%

- 85% of members diagnosed as At Risk are unvaccinated, under 5 population is 94% unvaccinated

- 51% of members with Autism are unvaccinated, under 5 population is 91% unvaccinated

- 45% of Members with Autism are fully Vaccinated, 60% from the 18 - 64 population

- 41% of members with Cerebral Palsy are unvaccinated
- 54% of members with Cerebral Palsy are fully vaccinated, 79% from the 65+ population

- 43% of members with Epilepsy are unvaccinated
- 53% of members with Epilepsy are fully vaccinated, 85% from the 65 + population

- 34% of members with Intellectual Disabilities are unvaccinated, 68 % from the 5 - 11 population
- 61% of members with Intellectual Disabilities are fully Vaccinated, 82% from the 65+ population

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.

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)

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 **<u>must verify</u>** provider timesheets.

Electronic Visit Verification (EVV)

- AHCCCS has communicated that the hard claims edit implementation deadline is now January 1, 2023.

- 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.

There are no exemptions for EVV, but AHCCCS has offered some flexibilities such as the use of paper timesheets with a fixed verification device (FVV) 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

- 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.

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- 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](#)

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.

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Announcements

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?

Chronic Disease Management

Chronic Diseases

- Seizure

- Respiratory and gastrointestinal diseases, Gastroesophageal Reflux Disease (GERD), constipation, bowel obstruction

- Sleep apnea

- Diabetes

- Obesity

- Infectious diseases

- Cardiovascular diseases like high blood pressure, congenital heart disease, congestive heart failure

- Blood diseases like hypercoagulability, cancers, anemia

- Renal diseases like chronic kidney disease, dialysis, stones

- Other like autoimmune diseases, cancers, rare diseases

Chronic Conditions

A "chronic condition" is defined as "a serious, long-term physical, mental, or developmental disability or disease" including the following:

- Cystic fibrosis

- HIV/AIDS

- Blood diseases, such as anemia or sickle cell disease

- Muscular dystrophy

- Spina bifida

- Epilepsy

- Parkinson's disease

- Dementia

- Serious emotional disturbance or serious mental health illness

Maximizing the Visit to a Health Provider

- Have a list of concerns

- If possible, encourage even young children to communicate their concerns

- Have the medication list and any questions about medications and changes

- Report any changes in diet, activity, behavior

- If labs done ask for results

- Ask if any evaluations are needed for continued care

- Ask about changes in treatments and follow up visits and care

- Ask questions about chronic health issues and preventive care

- Caregivers matter

  - Every child needs a skilled, loving adult

  - "Caregiver" defined broadly

- Social drivers of health (SDOH)

  - Where you live, work, play, learn, how people perceive you

  - People with special health care needs "triply" vulnerable to SDOH

- Political drivers of health, history and electoral politics

  - Federal and state-level decisions are critical to child health (Medicaid)

Disease/Chronic Care Management Program

- The program focuses on members with high need/high risk and/or chronic conditions.

- The program includes early identification of potential members, developing individualized intervention plans that focus on the coordination of treatment and chronic disease management strategies to improve health outcomes.

- The program works collaboratively with the member and/or responsible person, Support Coordination, the Planning Team and the Administrative Services Subcontractors (AdSS) to develop and implement an individualized intervention plan to promote:

  - Sustainable healthy outcomes

  - Living well with chronic conditions

  - Healthy lifestyles

  - Active engagement in managing their health

- The program provides person- centered, whole-person care that addresses the multiple drivers of health.

- It uses a multidisciplinary team approach to coordinate care across settings, services, and sectors to align with the needs of the member.
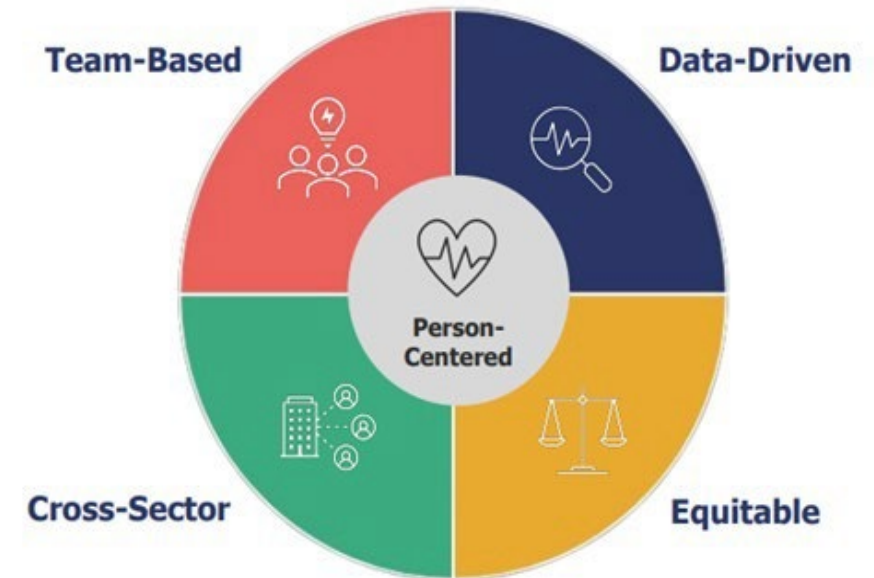
Impacts of Chronic Disease

- Chronic disease will increase 300% by 2049

- Chronic disease results in:

  - Pain

  - Debilitation

  - Disability

  - Dependence

  - Lost physical function, and

  - Less mobility

People With Chronic Disease Report

- Significantly reduced productivity and life satisfaction

- Living with less income

- Accomplishing less

- Spending more time in bed sick

- Having poor mental health

"The individual's ability to manage the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition."
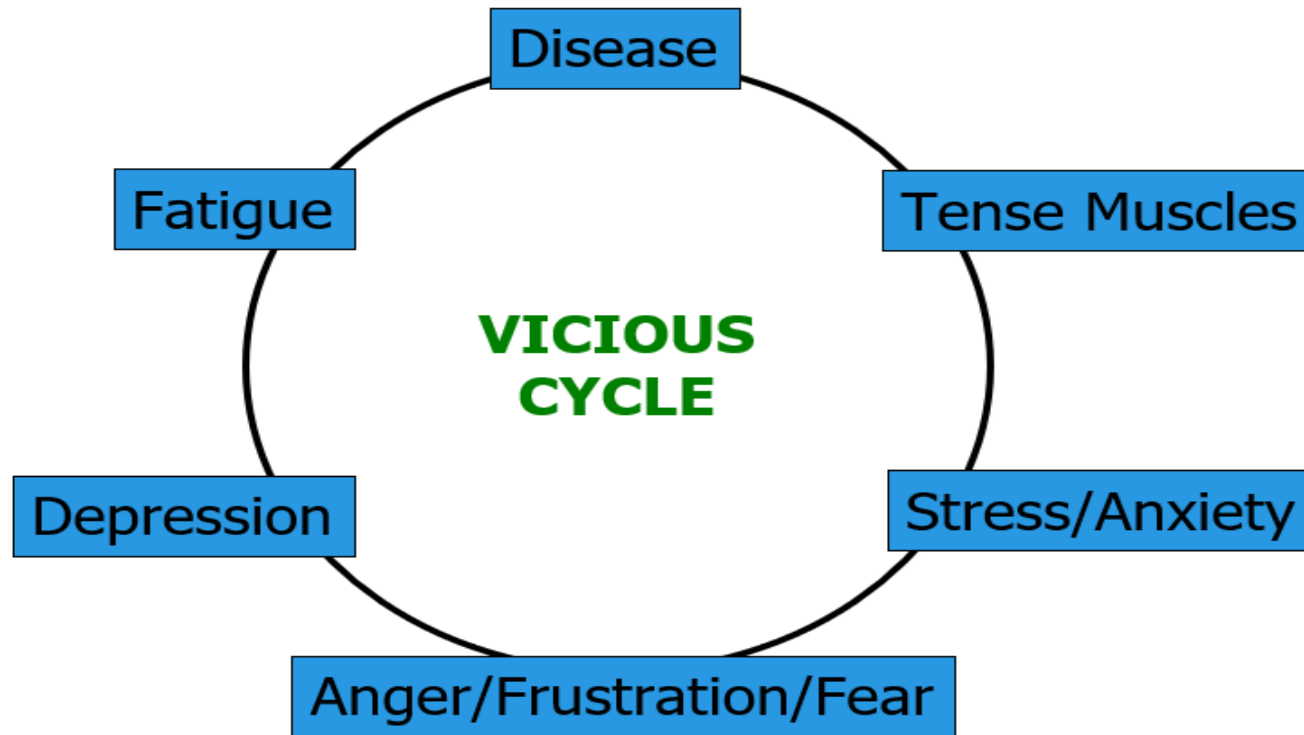
Patient Education and Self-Management

- Information and skills are taught

- Skills to solve patient-identified problems are taught

- Skills are generalizable

- Assumes that confidence yields better outcomes

- Goal is increased self-efficacy

- Teachers can be professionals or peers

Self-Management Skills

- Problem-solving

- Decision-making

- Resource Utilization

- Formation of a patient - provider partnership

- Action-planning

- Self-tailoring

Preventing the Cycle of Chronic Disease

Disease

Fatigue

Tense Muscles

VICIOUS CYCLE

Depression

Stress/Anxiety

Anger/Frustration/Fear

Preventing the Cycle of Chronic Disease

- Techniques to deal with frustration, fatigue, pain, and isolation

- Exercises/activities for maintaining and improving strength, flexibility, and endurance

- Medication management

- Approaches for improving communication with friends, family and health professionals

- Nutrition information

- Treatment evaluation information

Preventing the Cycle of Chronic Disease

- Increased physical activity

- Cognitive symptom management

- Improved communication with physicians

- Better self-reported general health

- Improved attitude

- Less health distress

- Less fatigue

- Reduced disability

- Fewer social/role limitations

Keys To Success

- Know your primary care provider and team

- Advocate for yourself or your member

- Keep a medical file and bring to your visits

- Take notes at your visit

- Call your health plan for care management if you need additional assistance

Questions?