



Direct Care Agency Audit Tool Overview (Attendant Care, Personal Care, and Homemaker Services)

June 2021

About This Presentation

These materials are designed for the AHCCCS Fee-For-Service programs, including American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authority (TRBHA) and Tribal Arizona Long Term Care Services (ALTCS).

The purpose of this training is to provide an overview of Direct Care Agency Requirements. It is not comprehensive, but is meant to serve as a training guide to assist providers by reviewing elements of the AHCCCS Medical Policy Manual (AMPM) 1240-A, Direct Care Services.

If you have questions about this presentation, please email the Provider Training team at: ProviderTrainingffs@azahcccs.gov



What is a Direct Care Agency?

Direct Care Agency

A **Direct Care Worker Agency** is an agency that registers with AHCCCS as a service provider of Direct Care Services that include Attendant Care, Personal Care or Homemaker Services.

By registering with AHCCCS the Direct Care agency warrants that it has a workforce (employees or contractors) with the abilities, skills, expertise and capacity to perform the services as specified in **AHCCCS AMPM Policy 1240-A Direct Care Services**.

[AHCCCS Medical Policy Manual - Policy 1240-A Direct Care Services](#)

Direct Care Agency

Service Specifications Applicable to Direct Care Services

Specific information on the types of services that a Direct Care Agency can provide can be found in the [AHCCCS Medical Policy Manual - Policy 1240-A Direct Care Services](#). Sections with detailed information exist on:

- Attendant Care Services
- Personal Care Services
- Homemaker Services



Electronic Visit Verification (EVV)

Claims and Grace Period

- **The claims and policy grace periods have been extended. The hard claim edits did not begin on April 1, 2021.**
- At this time, AHCCCS is seeking further guidance from the Centers for Medicare and Medicaid Services (CMS) that will inform a decision on the new date the hard claim edits will begin. AHCCCS plans to coincide the timing of the beginning of the hard claim edits with policy compliance.

Payment for EVV Services

- Extension of Soft Claims edit period
 - 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
 - This extension does not mean that providers can wait to start EVV.

Compliance with EVV was required beginning January 1, 2021.

Current EVV Expectations

- Providers should use this period to
 - develop operational procedures
 - train administrative personnel
 - onboard members, and caregivers and
 - self-monitor agency compliance in order to avoid billing challenges when the hard claim edit period begins.
- Once the hard claim edits begin, providers will not get paid unless all the required EVV visit data is present. For more questions about billing, please reference the Billing FAQ on the EVV webpage (www.azahcccs.gov/EVV).

Current EVV Expectations Cont.

- Use the EVV grace period to have conversations with members and complete the forms required as allowable/required under the policy.
- The final forms, along with the complete EVV policy, are linked on the EVV webpage (www.azahcccs.gov/EVV) including the following forms:
 - Designee Attestation
 - Contingency Plan
 - Paper Timesheet Attestation

Information for Sandata EVV System Users

- AHCCCS and Sandata are aware of system issues impacting some providers ability to fully onboard and operationalize EVV. Resolutions to the following issues are of the highest priority:
 - Members not loading into the agency accounts,
 - Inability to clear exceptions in visit maintenance,
 - Inability to customize and create user roles, and
 - Mobile app or device malfunctions (i.e., unable to clock out)
- It is not necessary to report these issues
- For other technical issues or questions specific to the use of the Sandata EVV system, please contact the Sandata Customer Care at AZCustomerCare@Sandata.com or 855-928-1140.

Information for Alternate EVV Users

- AHCCCS will be releasing updated technical specifications that both remove and add requirements. Many of the changes are in response to stakeholder feedback generated during the past few months.
- AHCCCS will follow up the release of the updated requirements with a webinar in partnership with the Sandata technical team to answer questions related to both business and technical requirements.
- For technical issues or questions specific to the alternate system requirements, please contact the Sandata Customer Support at AZAltEVV@sandata.com or 844-289-4246.

Technical Assistance, Guidance Documents and FAQs

- Please submit any requests for technical assistance on policy related questions to EVV@azahcccs.gov. These exchanges help AHCCCS prioritize communication topics and build our directory and timeline for the release of additional guidance documents and FAQs.
- Please note that the EVV webpage includes FAQs on telehealth, billing, scheduling, and devices.

EVV Resources

- Additional information on EVV can be found on AHCCCS' website at www.azahcccs.gov/evv including:
 - The most up to date information available
 - Member and provider specific information
 - Frequently Asked Questions (FAQs)
 - A list of all provider types and service codes subject to EVV
 - How to sign up for AHCCCS' Constant Contact email list to stay informed



Billing Attendant Care Services

Billing for Authorized Services

Providers can submit claims to AHCCCS FFS using the AHCCCS Online Provider Portal, which is the preferred method.

- Claim submissions for HCBCS services will be compared with the service authorizations approved by the Tribal Case Manager.

In-home attendant care services are billed using the CMS 1500 or 837P (EDI) format.

The key fields include, but are not limited to:

- Provider ID
- Member ID
- Begin and End Date(s) of Service
- CPT / HCPCS/ Modifiers
- Total Units and Charge Amounts

IMPORTANT: If the claim submission does not match the services that are authorized on the member's Service Plan, the claim will deny.

Service Plan Authorization and Billing for Services

Important: Overlapping dates of services from multiple authorization dates/periods on a single claim line may result in an incorrect payment or denial of the entire claim.

- Direct Care Agency's are allowed to bill for services based upon their individually assigned Category of Services (COS).
- Any AHCCCS registered provider can view their COS via the AHCCCS Online Provider Portal. To do this, login to the AHCCCS Online Provider Portal, then under the Menu choose "Provider Verification".

Attendant Care Modifiers

| Modifier | Description |
|----------|---|
| U2 | Self Directed Care/Unskilled |
| U3 | Spouse limit to 160 units per week. |
| U4 | Family member non-spouse not residing in home. |
| U5 | Family member non-spouse residing in member home. |
| U6 | Self-directed care/skilled |
| U7 | Agency With Choice (AWC) |



Non-Emergency Medical Transportation (NEMT) Services and Attendant Care Providers (PT 40)

Billing NEMT Services

NEMT services may be provided, with limitations, by providers registered as Provider Type 40 (Attendant Care).

For an Attendant Care Agency to bill for NEMT services:

1. The provider **MUST** have been an AHCCCS-registered provider for a minimum of 12 months.
2. The provider must meet all other AHCCCS requirements for the provision of NEMT services.
3. The Category of Service (COS) for NEMT must be approved by provider enrollment and added to the provider's AHCCCS ID.
4. NEMT services cannot exceed 30% of their overall services billed.



General Requirements Applicable to All Direct Care Services

Who is Eligible to Receive Direct Care Services?

- Direct Care Services are only available to ALTCS members who reside in their own home.
- The number and frequency of authorized Direct Care Services is assessed by the member's Tribal Case Manager with the member and or a family member, guardian or representative, in tandem with the completion of the cost-effectiveness study.
- Direct Care Worker Agencies hire/contract, supervise/monitor and control/define the responsibilities and tasks of the Direct Care Worker as well as establish the rate of reimbursement/wages for the direct care worker.

Where can Direct Care Services Be Provided?

Attendant Care services are not limited to the boundaries of the member's home.

As indicated in the member's Service Plan, the Direct Care Worker, under Attendant Care, may accompany the member as necessary in order to meet his/her needs in a variety of settings, including, but not limited to:

- A physician's office,
- School setting, or
- Workplace

Provider Participation Agreement

DCW agencies shall register with AHCCCS and sign and attest to meeting the terms of the AHCCCS Provider Participation Agreement.

- Per the **Provider Participation Agreement** (PPA) providers must follow all AHCCCS guidelines, policies and manuals, including but not limited to the following: the AHCCCS Medical Policy Manual (AMPM), the AHCCCS Fee-For-Service and IHS Provider Billing Manuals, AHCCCS Claims Clues, and Reporting Guides.



Family Members and Direct Care Services

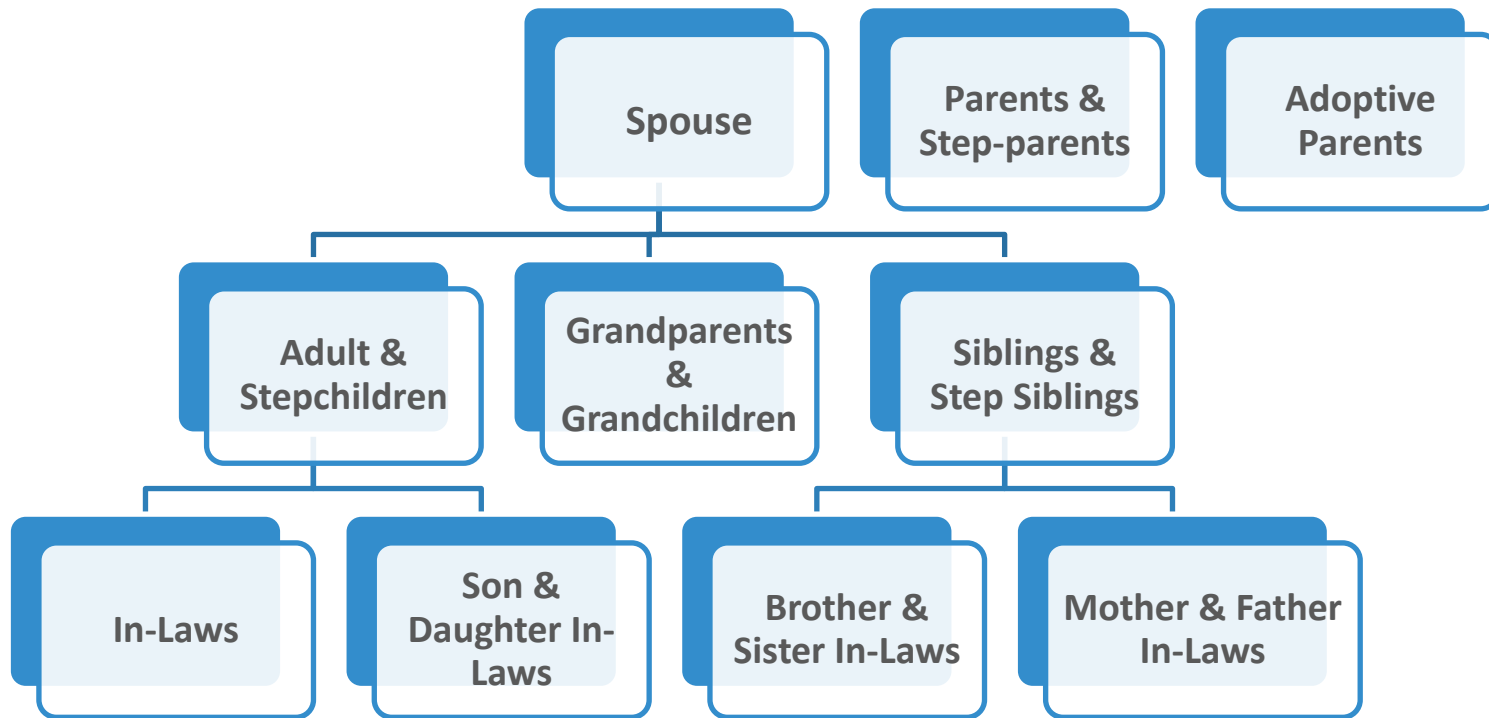
Who can provide services to family members?

Who is Defined as the Member's "Family"?

Family Members: The following relatives of a member are defined as family members (in the context of what family members may get paid to provide services to an AHCCCS member):

1. Spouse
2. Adult Children/Step Children
3. Son/Daughter-in-law
4. Grandchildren
5. Siblings /Step Siblings
6. Parents /Step Parents/Adoptive Parents
7. Grandparents
8. Mother/Father-in-law
9. Brother/Sister-in-law

Family Members Who Can Provide Services To Family Members



Who can provide services to family members?

Who is Defined as the Member's "Family"?

Under Section 4 AMPM Policy 1240-A states: Parents may provide attendant care services if:

- (1) The member is 18 years or older, or
- (2) Under limited circumstances, for members under the age of 18, when approved by the AHCCCS Administration.

For both Fee-For-Service and Managed Care (ACC) members under the age of 18, the decision for payment of a parent shall be made in coordination with the AHCCCS Administration.

Who can provide services to family members?

Who is Excluded from Providing Services to Family Members?

The following Family Members are **excluded** from providing Direct Care Services for payment to members **under the age of 18 years:**

- a) Natural parent
- b) Adoptive parent, and
- c) Step-parent.



Training Requirements for Direct Care Workers

Cardiopulmonary Resuscitation and First Aid Certification

General Training Information

The DCW training and testing requirements included in [AMPM 1240-A](#) are applicable to DCWs who provide services through a Direct Care Worker Agency, including DCWs who provide services through the Agency With Choice (AWC) option.

The DCW training and testing requirements included in this Policy are not applicable to DCWs providing services to member's through the Self -Directed Attendant Care (SDAC) or to the Division of Developmental Disabilities' (DDD) Independent Provider Network member-directed option. Service requirements for SDAC can be found in [AMPM Policy 1320](#).

Cardiopulmonary Resuscitation and First Aid Certification

Training Requirements

1. Family Member and all Direct Care Workers shall hold certification in Cardiopulmonary Resuscitation (CPR) and First Aid Certification.
 - Certifications must be obtained in advance in order to provide care to an ALTCS member.
 - Training in CPR and first aid shall be provided or sponsored by a national recognized organization.
 - Training sessions shall be in person in order for the participant to demonstrate learned skills such as mouth-to-mouth resuscitation, chest compressions and first aid skills. **Important: Web-based training without the benefit of an on-site demonstration of skills will not accepted.**

Cardiopulmonary Resuscitation and First Aid Certification

Training Requirements

Direct Care Workers shall also:

2. Comply with Educational Requirements in AMPM 1240-A
 - A DCW with an initial hire/contract date prior to October 01, 2012 is deemed to meet the training and testing requirements with the DCW agency(ies) that the DCW is currently employed/contracted to provide services with. However, if the DCW becomes employed/contracted with another agency on or after October 01, 2012, the DCW shall meet the training and testing requirements contained within AMPM 1240-A.
3. Comply with the applicable background check and Arizona Adult Protective Services Registry screening requirements check as specified in Section C (4) of this Policy.

Exemptions to the Training and Testing Requirements

Exemptions to Training Requirements

1. A Direct Care Worker who is a Registered Nurse (RN) , Licensed Practical Nurse (LPN) or Certified Nursing Assistant (CNA) as specified in A.R.S. 32 Chapter 15 *is exempt* from the DCW training and testing requirements.
 - This exemption allows the Direct Care Worker agency the discretion to require the testing and training of their employees/contractors as determined necessary, and
2. Direct Care Worker who is providing care to a family member only, is exempt from the Level II – Specialized modules training and testing requirements.

Continuing Education Requirements for Direct Care Workers

Continuing Education Training Requirements

- For DCWs hired/contracted *prior to* October 1, 2012, the yearly timeframe for continuing education is from **October - September.**
- For DCWs hired/contracted *on or after* October 1, 2012, the yearly timeframe for continuing education is the **Anniversary Date** of the Direct Care Worker's **Date-of-hire.**
- For family caregivers, the continuing education performed can be specific to the service recipient.

Continuing Education Requirements for Direct Care Workers

Continuing Education Training Requirements

- DCWs must complete no less than Six (6) Hours of continuing education on an *annual basis*.
- Continuing Education shall include training on additional curriculum modules and relevant topics.
- The same educational Topics / Modules / Curriculums / trainings should not be repeated year after year.
- Cardiopulmonary Resuscitation (CPR) and First Aid training cannot count toward the continuing education six hour annual requirement.
- The training completed in the first year to become a qualified DCW can be counted towards the required six hours of continuing education.
- <https://www.azahcccs.gov/PlansProviders/CurrentProviders/DCW/TandTInfo.html>

Continuing Education Requirements for Direct Care Workers

Continuing Education Training Requirements

Continuing education can be offered in many forms, including:

- In-service, video/Digital Video Disk (DVD)
- Written material
- Attendance at a class or conference

Courses such as “Principles of Caregiving, Alzheimer’s Disease and Other Dementias” are modules developed by representatives of Residential Care, Home and Community Based Care, experts in the fields of communication, behavior, and activities are recommended for continuing education. These courses come with tests that must be completed with a passing score.

Levels of Training for Direct Care Workers

Levels of Training

Demonstration of skills, knowledge and ability is required at the following levels for the specified Direct Care Workers.

Skills, knowledge and ability are demonstrated by completion of the course and passing a knowledge test and skills test that is based on the “Principles of Caregiving” or equivalent and approved curriculum.

Two Levels of training exist for DCWs, as outlined in AMPM 1240-A:

- ***Level I – Introduction to and Fundamentals of Caregiving***
- ***Level II – Specialized Modules (Aging and Physical Disabilities or Developmental Disabilities)***

Levels of Training for Direct Care Workers

Levels of Training

- Completion of a training course is recommended.
- Demonstration of knowledge and skills by testing is mandatory.
- Unless exempt as outlined in AMPM 1240-A, DCWs shall:
 - a) Undergo testing and achieve a score of no less than 80% for each knowledge test, *and*
 - b) Successfully pass all (100%) of the skills demonstrations for any curriculum modules.

A DCW agency may permit an employee/contractor to take a challenge test (taking a test without being trained), for both the Level I and Level II modules, if the DCW has education similar to what is required for DCWs or work experiences similar to that performed by DCWs.

Level I Training for Direct Care Workers

Level I – Introduction to and Fundamentals of Caregiving

- Shall be completed by all Direct Care Workers, including family caregivers, to provide Direct Care Services to ALTCS members, and
- Applicable to all Direct Care Workers providing Attendant Care, Personal Care, and Homemaker services.

Level II Training for Direct Care Workers

Level II – Specialized Modules (Aging and Physical Disabilities or Developmental Disabilities)

- Shall be successfully completed by all Direct Care Workers providing Attendant Care, Personal Care or Homemaker services (excluding DCWs who provide care to Family Members only).
- DCWs shall take the appropriate Level II modules training and tests that correlates to the population that they serve.
- If the DCW serves both the population of individuals who are elderly and/or have physical disabilities, and the population of individuals with a developmental disability, they are required to take both Level II modules.



Direct Care Worker Challenge Test

What is a Challenge Test?

Challenge Test:

- A DCW agency may permit an employee/contractor to take a challenge test (taking a test without being trained), for both the **Level I and Level II modules**, if the DCW has the education that is similar to what is required for DCWs or work experiences that are similar to that performed by the DCWs.
- The Direct Care Agency shall verify and document the Direct Care Worker's related educational and work experiences.
- DCA Training and Testing Information
<https://www.azahcccs.gov/PlansProviders/CurrentProviders/DCW/>

Direct Care Worker Challenge Test

Challenge Test

An approved program may offer a “Challenge Test” once to an employee if they have education and or work experiences similar to what is required for the direct care worker.

- The education and work experiences must be Verified.
- If the DCW does not successfully pass the challenge test, the test cannot be repeated. The DCW must then follow standard training procedures.
- A DCW who takes the challenge test and does not pass either the Written or Skills tests or both must be trained and then, Retake and Pass the written and skills tests.
- <https://www.azahcccs.gov/plansproviders/downloads/dcw/ApprovedProgramsListing.pdf>



Approved Direct Care Worker Training and Testing Programs

Who Can become an Approved Training and Testing Program?

Approved DCW Testing Programs

An entity that wants to train and test DCWs must first become an Approved Direct Care Worker Training and Testing Program (Approved Program).

PLEASE NOTE: *Direct care service agencies can decide to become an Approved Program or delegate the responsibility of training and testing DCWs to an Approved Program through a contractual agreement.*

Approved Direct Care Worker Training and Testing Program standards and requirements can be found in [ACOM Policy 429](#).

- <https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/429.pdf>

Who can become an Approved Training and Testing Program

Approved DCW Testing Programs

Entities that can become Approved Training and Testing Programs include:

- AHCCCS registered agencies that provide Direct Care Services
- Private vocational programs
- Educational institutions (e.g., high school, college or university)

For a listing of Approved Programs please visit:

- <https://www.azahcccs.gov/plansproviders/downloads/dcw/ApprovedProgramsListing.pdf>

For additional information please review ACOM Policy 429:

- <https://www.azahcccs.gov/shared/Downloads/ACOM/PolicyFiles/400/429.pdf>



Program Management Components Applicable to All Direct Care Service Agencies

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Be an AHCCCS registered provider
- Pre-screen all employees/contractors, including contacting three references, one of whom shall be a former employer/contractor, if the prospective DCW has previous work history. This pre-screen process shall also incorporate evaluation of the appropriateness of allowing a member's relatives to provide Direct Care Services if the prospective DCW is a family member.

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Conduct background checks of DCWs that comply with the following standards:
 - (A) At the time of hire/initial contract and every three years thereafter conduct a nationwide criminal background check that accounts for criminal convictions in Arizona;
 - (B) At the time of hire/initial contract and every year thereafter, conduct a search of the Arizona Adult Protective Services Registry screening requirements;
 - (C) Prohibit a DCW from providing services to ALTCS members if the background check results contain:
 - i. Convictions for any of the offenses listed in A.R.S. §41-1758.03(B) or (C), or
 - ii. Any substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the Adult Protective Services Registry pursuant to A.R.S. §46-459.

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- See sections (D) (C) (F) (G) (H) in the AMPM Policy 1240-A for additional information regarding reporting DCW convictions, criminal issues.

Effective October 01, 2019 agencies are required to comply with Fingerprint Clearance Card requirements as specified in A.R.S. Title 41, Chapter 12, Article 3.1. DCWs are prohibited from providing services to ALTCS members if the DCW is precluded from receiving a Fingerprint Clearance Card or has a substantiated report of abuse, neglect or exploitation of vulnerable adults listed on the Adult Protective Services Registry pursuant to A.R.S. §46-459.

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Provide supervisory/monitoring visits of DCW as specified in AMPM 1240-A, Section D.
- Verify the delivery of DCW services, including methodologies to discourage falsification of time sheets and other records that demonstrate the type, amount, duration and frequency of services provided, and providing payment for such services within agreed upon timeframes.
- Maintain records of DCW work verification, educational requirements and payment that are retained in accordance with 9 A.A.C. 28, Article 5.

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Ensure compliance with education requirements as specified in Section E of this Policy by either becoming an Approved Direct Care Worker Training and Testing Program or delegating the responsibility of DCW training and testing to an Approved Direct Care Worker Training and Testing Program (see ACOM Policy 429 for approved Direct Care Worker Training and Testing Program requirements and standards).

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Manage and maintain individual DCW training and testing records that include:
 - i. Services provided by the DCW,
 - ii. Exemptions from training and testing requirements (if applicable),
 - iii. Hire/initial contract date and date training period concluded,
 - iv. Standard form utilized to obtain permission from DCW to access testing records in the online database,
 - v. Verification of testing type(s), date(s), module(s) and score(s). Verification sources may include a completed Verification of Direct Care Worker Testing form from a former DCW Agency (available on the AHCCCS website ()) or official transcript from an Approved Direct Care Worker Training and Testing Program, and
 - vi. Annual timeframe, hours, topics and delivery methods for continuing education.

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Maintain a list of organizational users and notify AHCCCS when a user account shall be terminated or suspended
- Maintain and manage a list of DCWs who will be or have been sent for training/testing including status changes of DCWs (hired, contracted, terminated, resigned) within 30 days of the status change
- Utilize a standard form to obtain permission from current/prospective DCW employees/contractors to access testing records in the online database

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- In the event testing records are not available in the online database, a hard copy form must be used for testing record verification:
 - a) A current/former/prospective DCW Agencies of a DCW shall share upon request and/or may solicit testing records using the Verification of Direct Care Worker Testing form,
 - b) The Verification of Direct Care Worker Testing form is available on the AHCCCS website www.azahcccs.gov/dcw. The DCW Agency shall maintain copies of the verification of testing forms provided to and/or requested from another DCW Agency, and
 - c) Verification may also include an official transcript from an Approved Training and Testing Program of the test type(s), date(s), module(s), and score(s).

Program Management Components Applicable to All Direct Care Service Agencies

What Must Direct Care Agencies Do?

All DCW Agencies shall:

- Comply with all other requirements as outlined in [AMPM 1240-A, Direct Care Worker Agencies](#).
 - <https://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/1200/1240-A.pdf>



Training Compliance & Direct Care Agencies

Training Compliance & Direct Care Agencies

- Direct Care Agencies shall also ensure the basic testing, documentation, and training requirements for direct care workers are satisfied including those involving Direct Care Services that are provided through the Agency with Choice (AWC) option (AMPM Policy 1310) .
- Direct Care Agencies shall integrate the use of the AHCCCS Direct Care Worker and Trainer Testing records online database into day-to- day business practices.
- The Trainer Testing Online database is used as a tool to support the portability or transferability of the DCW or trainers test records from one employer to another employer.

Back-Up Documentation

- Back-up documentation shall be retained for a minimum period of ten (10) years.
- Back-up documentation includes the testing search authorization standard form and back-up documentation for any and all entered data in the online database or any data pertaining to training and testing of DCWs.
- The documentation can be retained in either an electronic or hard copy filing system.



Supervisory / Monitoring Visits Applicable to All Direct Care Services

Standard 1 – AMPM 1240-A (Section D)

Direct Care Agency Supervisory Visits

DCW agencies are required to perform periodic supervisory/monitoring visits to assess the DCW's competency in performing their assigned duties in accordance with the member's individualized service needs and preferences. Supervisory/Monitoring visits also apply when services are provided under the Agency with Choice (AWC) option.

- Supervisory visits must be documented in two places:
 - The Member's Case File, and
 - The Direct Care Worker's Personnel File.

Types of Supervisory Visits

There are two types of supervisory visits that must be documented in *the* member's file and the Direct Care Worker's file:

- I. Supervisory Visit that **Require the Presence** of the DCW.
- II. Supervisory Visit that **Do not Require the Presence** of the DCW.

Supervisory visits must be documented in both the:

- I. Member's Case File, and
- II. Direct Care Worker's Personnel/Contract File

Note: For additional information please review AMPM 1240-A, Home and Community Based Services, Section (D).



Performance Evaluations of the Direct Care Worker

Standard 2 – AMPM 1240-A

Supervisory/Monitoring Visits

Supervising Visits Requiring the DCW's Presence

Some supervisory/monitoring visits shall be performed while the DCW is providing services and physically in the member's home, in order to observe the care being provided.

- The purpose of these visits is to assess and document the DCW's competency in performing the assigned duties in a safe manner according to the training the DCW has received.

Time Frames:

- A supervisory/monitoring visit is required ***once within the first 90 days of the DCW's initiation of services for each member served.***
- These supervisory/monitoring visits are required to be completed annually thereafter, or more frequently if warranted.

Supervisory/Monitoring Visits

Supervising Visits Requiring the DCW's Presence

The following supervisory/monitoring visits do not require the presence of the DCW at the time of the visit, although these visits may be combined with supervisory/monitoring visits requiring the DCW's presence.

The purpose of these supervisory/monitoring visits is to have and document the following:

- (1) Discussions with the member regarding the quality of care
- (2) Delivery of services and to have ongoing communication with the agency to report instances when services are not provided as authorized and;
- (3) Other concerns that develop between supervisory/ monitoring and/or case manager visits.



Supervisory Visit Timeframes

Standard 3 – AMPM 1240-A

Supervisory Visit Timeframes

Supervisory Visit Timeframes

Here are some suggestions to stay within the visit timeframes:

- Schedule Visits
- Reminder call to the member
- Follow-up call to confirm appointment date and time

Supervisory Visit Schedule

Supervisory Visit Timeframes (DCW Present)

- A supervisory/monitoring visit is required once **within the first 90 days of the DCW's initiation of services** for each member served.
- These supervisory/monitoring visits are required to be completed annually thereafter, or more frequently if warranted.
- **Reminder:** The “Initial Service Provision Date” is the **“date the services start”**.

Supervisory Visit Schedule

Supervisory Visit Timeframes (DCW NOT Present)

- The timing of supervisory/monitoring visits for the first 90 days is based on the date of the initial service provision for the member, and not the date of the initial service authorization.
- From the date of initial service provision and for the next 90 days, supervisory visits are required by the 5th day, 30th day, 60th day (the 60th day is only required if issues are identified) and 90th day from the initial service provision date.

Supervisory Visit Schedule

Supervisory Visit Timeframes (DCW NOT Present)

- To begin, the initial visit is required by the **5th day from the initial service provision** and will not occur on the same day of the initial service provision.
 - **Reminder:** The “Initial Service Provision Date” is the **“date the services start”**.
- The 30th, 60th and 90th day visits must occur within **five days** of their due date.
- After the first 90th day visit, all other 90 day visits occur at least every 90 days from the previous visit. This 90th day visit must not occur more than five days after its due date.
- Home Health Agency visits are in accordance with 9 A.A.C. 10, Article 11,

Supervisory Visit Example

| PROVISION OF SERVICE DATE: 05/01/2021 | |
|---------------------------------------|------------------------|
| TYPE OF VISIT | OPTIMAL VISIT DATE |
| 5 Day | 05/06/2021 |
| 30 Day | 05/31/2021 |
| 60 Day | 06/30/2021 (if needed) |
| 90 Day | 07/30/2021 |

The timeframe requirements for when supervisory/monitoring visits shall occur as indicated in the matrix above, including instances when the DCW must be present and when the DCW does not need to be present.

The initial visit is required by the **5th day from the initial service provision** and will not occur on the same day of the initial service provision. Visits occur at least ever 90 days from the previous visit.

Quality of Care Documentation

Quality of Care Documentation

Quality of Care

- Supervisory visits must be documented in the member's case file and cross-reference into the DCW's personnel file.
- Documentation can be retained in either an electronic or hard copy filing system.
- Direct Care Agency reviews quality of care concerns reported by the Direct Care Agency's Supervisor and immediately reports issues to Clinical Quality Management (CQM) at AHCCCS.
- Direct Care Agency documents services that were not provided as authorized.
- Direct Care Agency's Supervisor will review, discuss, and document delivery of service with the member.

Quality of Care Documentation

Quality of Care

- Direct Care Agency's Supervisor reviews, discuss, and documents the quality of care with member.
- Direct Care Agency's Supervisor documents information provided to member regarding concerns that develop between the Direct Care Agency Supervisory and/or Tribal ALTCS Case Manager visits.
- Direct Care Agency reports to the Office of the General Counsel when there is a potential fraud or abuse of services found during supervisory visits or other oversight activities (Training and Testing Standards, Continuing Education) conducted by Direct Care Agency Supervisor.

Quality of Care Documentation

Quality of Care

- “Back-up documentation shall be retained for a minimum period of 10 years.” ([AHCCCS MEDICAL POLICY MANUAL SECTION 1240\(D\) – HOME AND COMMUNITY BASED SERVICES](#))
- Direct Care Agencies will report to AHCCCS Administration when services were not provided as authorized, the reasons for the services not provided and document the determination through supervisory visits in the member’s care file.



DFSM Provider Education and Training Unit

DFSM Provider Training

The DFSM Provider Education and Training Unit can assist providers with the following:

- How to submit and status claims or prior authorization requests through the AHCCCS Online Provider Portal (FFS programs, including AIHP, TRBHAs and Tribal ALTCS).
- Submission of documentation using the Transaction Insight Portal (i.e. the AHCCCS Daily Trip report, requested medical records, etc.).

Additionally, the DFSM Provider Training unit offers trainings with informational updates to program changes, system updates, and changes to the AHCCCS policy, AHCCCS guides and manuals.

Education and Training Questions?

The DFSM Provider Education and Training Unit does not instruct providers on how to code or bill for a particular service.

For additional information on rates and coding please follow the below guidelines:

- Rates - Questions on AHCCCS FFS rates should be directed to the rates team at FFSRates@azahcccs.gov
- Coding - Questions on AHCCCS Coding should be directed to the coding team at CodingPolicyQuestions@azahcccs.gov
 - NOTE: The Coding team cannot instruct providers on how to code or bill for a particular service. Those questions should be directed to the provider's professional coder/biller.
- ACC Plan Claims - Questions regarding the submission of claims to an AHCCCS Complete Care (ACC) Health Plan should be directed to the appropriate ACC Health Plan.

The DFSM Provider Training Team can be reached at ProviderTrainingFFS@azahcccs.gov

Technical Questions?

For technical assistance with the AHCCCS Online Provider Portal, please call:

- AHCCCS ISD Customer Support Desk at 602-417-4451 or ISDCustomerSupport@azahcccs.gov

Claims Questions?

For claims questions that cannot be resolved on the portal, please outreach the Claims Customer Service team at:

- Phone: (602) 417-7670 – Select Option 4
- From: Monday – Friday from 7:30am – 4:00pm (Phoenix Time).

The Claims Customer Service team can assist with the following items:

- Details regarding a claim status that cannot be answered on the AHCCCS Online Provider Portal;
- Providing denial codes and general information regarding denied claims; and
- Providing general information about approved and pended claims.

NOTE: Providers should not call the Claims Customer Service team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, the address a check was mailed to, and payment details for approved claims.

Prior Authorization Questions?

For prior authorization questions, please visit the AHCCCS Online Provider Portal or the AHCCCS website at:

- AHCCCS Online Provider Portal:
 - <https://azweb.statemedicaid.us/Account/Login.aspx?ReturnUrl=/>
- DFSM Prior Authorization Web Page:
 - <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Providers can check the status of a submitted authorization request online and view messages from PA staff under the Prior Authorization Inquiry link.

Prior Authorization Questions?

For questions that cannot be resolved on the portal, please outreach the Fee-for-Service Authorization Phone Line at:

- Within Maricopa County: 602-417-4400, Select option 1 for transportation
- Statewide: 1-800-433-0425
- Outside Arizona: 1-800-523-0231
- FESP Dialysis: 602-417-7548

NOTE: Providers should not call the FFS Prior Authorization team if they have questions on rates, CPT/HCPCS codes and modifiers, billing questions, claims, or for status updates.

Policy Information

AHCCCS FFS Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/FFS/providermanual.html>

AHCCCS IHS/Tribal Provider Billing Manual:

- <https://www.azahcccs.gov/PlansProviders/RatesAndBilling/ProviderManuals/IHStribalbillingManual.html>

AHCCCS Medical Policy Manual

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/>

Policy Information

Fee for Service Website:

- <https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/>

Tribal ALTCS:

- <https://www.azahcccs.gov/AmericanIndians/LongTermCareCaseManagement>

AHCCCS Medical Policy Manual – Chapter 1200 ALTCS Services & Settings

- <https://www.azahcccs.gov/shared/MedicalPolicyManual/#Ch1200>

Questions?

Thank You.