

Frequently Asked Questions (FAQs)

General Questions

What is EVV?

Electronic Visit Verification system (EVV) is a system that electronically captures details of home visits and services provided by caregivers while ensuring that beneficiaries are receiving the support they require, and the rendered services are billed accurately.

Why is DC Medicaid/DHCF implementing an EVV system?

In December 2016, Congress passed a federal law called the 21st Century Cures Act (PL 114-255) requiring State Medicaid programs to mar an EVV system for home and community-based services. Under Section 12006 of the 21st Century Cures Act, all state Medicaid programs must implement an EVV system to verify personal care services by January 1, 2020 and an EVV system for home health services by January 1, 2023. CMS is allowing states flexibility to implement EVV systems after the deadline if the state is showing a good faith effort at compliance.

Do I have to use the EVV system once it is operationalized?

If you are receiving in-home assistance through a personal care assistant or skilled/certified care, you will be required to use EVV to track the time the provider(s) is in your home.

OR

If you provide a service subject to EVV and your claims are sent to Medicaid for payment (known as fee-for-service), you must use EVV beginning on October 2020.

OR

Yes, in order to continue to provide these services and be reimbursed by DC Medicaid/DHCF you will be required to use this EVV system. If you do not use this system, claims submitted outside of this system will be denied.

What are the benefits of an EVV system?

It captures individual caregiver's activity (i.e., check-in, check-out and service performed), which reduces the likelihood for error or fraud. It increases efficiency because reporting is automated and claims submission is cleaner. It improves quality of care by making workers' activities transparent and measurable. It can also be used as a tool to provide more visibility on an individual's current health status in a systemic way, to thereby improve tracking and supports to improve health outcomes for the beneficiary.

Who is DC Medicaid's contractor for the EVV system?

DC Medicaid/DHCF has contracted with Sandata Technologies LLC for the EVV system.

PROVIDER QUESTIONS

Who is paying for the EVV system?

Providers required to use EVV have the option to use the District's EVV system or implement their own system that conforms to District requirements. There is no cost to any individual for using an EVV system or to any provider for using the District's EVV system. DC Medicaid/DHCF will pay for the EVV system, including EVV system implementation, provider agency EVV training, and ongoing recurring EVV fees. Providers who choose to use an alternate EVV system may have some additional costs associated with purchase, implementation and ongoing support of the EVV system.

Will agencies need additional staff to manage EVV?

Agencies will need to identify a staff member to serve as the EVV administrator/point of contact – this can be an existing staff member as long as the individual complies with requirements for the EVV administrator role. Additionally, it is very important that you make sure that both your caregiver staff and office staff are fully trained and compliant with EVV, which will ensure a smooth and successful EVV implementation for your agency.

Do I have to buy my caregivers smartphones?

No, you will not be required to buy your caregivers smartphones for EVV. The ability to use the District’s Mobile Visit Verification app is PREFERRED, however the ability to use alternative methods for inputting EVV visits will be available.

Does every employee have to have an email address? What if they do not have a work email or a personal email? Yes. Every employee who has access to the Sandata EVV system will need a unique email address. Free email accounts can be easily obtained online.

What browsers does the EVV system support?

Sandata EVV system supports the following browsers: Microsoft Internet Explorer v9 or higher, Mozilla Firefox v44.0 or higher. Other browsers have not been certified to provide full functionality of the EVV system and are not recommended.

Will EVV be used to document skilled nursing services?

No, only PCA services will be subject to EVV effective October 2020. Skilled nursing services are not included in EVV at this time but will be required in the next phase of implementation.

What IDD waiver services are subject to EVV?

In-Home Supports, Personal Care Services, Respite and Supported Living (Periodic Only).

Does EVV apply to services provided to individuals living in a nursing home or assisted living facility?

No. EVV is not required for nursing or assisted living facilities.

Who is responsible for installing the Sandata EVV system?

The system does not require installation as a unit. Providers will access the Sandata EVV system via the web. Personal care aides will access it via a phone-based app – in that respect, the PCAs will need to install the app on their mobile phones to be compliant.

Will Sandata help agencies upload data into the EVV system?

For the initial implementation DHCF will populate the employee data from MMIS. After implementation each agency will be required to maintain their employee information. Sandata will offer a spreadsheet option for agencies serving 80 or more individuals. Those agencies will be able to populate the spreadsheet with their direct care workers and individuals using Medicaid-covered services. When the agency returns the completed spreadsheet, Sandata will do a one-time upload of the data into the EVV system. After the initial upload, the agency will be responsible for maintaining EVV data.

What does the caregiver do if there is no phone to call in or call out?

The EVV system requires the direct care worker to use their mobile phone to record their visit using Sandata’s app they have installed for the EVV system. Visit capture information is dependent on access to Wi-Fi. If Wi-Fi is not available at the beneficiary’s home the app will still capture the start and end times and will upload the visit information once Wi-Fi is available. However, if no phone is available (mobile or land line), we recommend the caregiver write down their visit start and end times and provide it to their agency for entry upon their return. The provider agency will need to use the EVV

system, specifically the visit maintenance module, to manually input the visit information. The provider will also need to document the reason for the manual visit edit. There will be a clear reportable audit trail in the EVV system of all the manual activity.

I am a caregiver, how long is it between when visit information is entered and when I can see it in the Sandata EVV portal?

Visit information is generally available in the Sandata EVV Portal in near real time.

How does this process work when the patient is assigned to an MCO?

Caregivers will follow the same process of capturing visits in EVV for individuals assigned to MCOs, using SMC or TVV.

SMC = Sandata Mobile Connect

TVV = Telephony Visit Verification

Do I still need to contact the MCO to whom my patient is assigned in order to obtain the Prior Authorization or does Sandata do that now?

Each MCO will send Prior Authorizations (PA) via a data feed directly to the Sandata EVV system. If the Prior Authorization in EVV has expired or there is not one on file, the MCO can update the Authorization or issue a new PA via the data feed to Sandata.

CONSUMER DIRECT QUESTIONS

Why is DC Medicaid/DHCF implementing an EVV system?

Congress passed a federal law in December 2016 requiring State Medicaid programs to implement an EVV system for some home and community-based services. The law is commonly referred to as the 21st Century Cures Act. The provisions of the Cures Act that address EVV can be found at section 12006 of the H.R. 34 (114th Congress) (2015-2016).

Do I have to use EVV?

Yes, beneficiaries must use EVV in order to continue to receive Participant-Directed Community Support (PDCS) services so that their Participant directed Worker (PDW) will be paid. Workers must also use the EVV system to ensure payment. If beneficiaries and workers do not use this system, Consumer Direct DC cannot process time sheets for payment.

What are the benefits of an EVV system?

It captures PDW's activity (i.e., check-in, check-out and service performed), which reduces the likelihood for error or fraud. It increases efficiency because reporting is automated and timesheet submission is cleaner. It improves quality of care by making PDWs activities transparent and measurable.

Who is DC Medicaid's contractor for the EVV system?

DC Medicaid/DHCF has contracted with Sandata Technologies LLC for the EVV system.

Who is paying for the EVV system?

There is no cost to an individual for the EVV system. DC Medicaid/DHCF will pay for the EVV system, including EVV system implementation, EVV training and ongoing recurring EVV fees.

Do I have to buy my PDW smartphones?

No, you will not be required to buy your PDW smartphones for EVV. The ability to use Mobile Visit Verification is PREFERRED, and up to you and your PDW.

DC MEDICAID INDIVIDUAL/BENEFICIARY QUESTIONS

Is there a cost for using EVV?

There is no cost to any beneficiary for using the EVV System.

Do I need training for EVV?

You do not need training for EVV, but you can talk to your caregiver about EVV.

What happens if my caregiver runs errands for me before he/she comes to my house?

EVV does not affect access to care or provision of services. If the service your caregiver is providing allows errands, EVV permits the caregiver to complete errands for you prior to arriving at your home.

Does an EVV system require the Medicaid beneficiary to have an Internet connection, a cell phone, or a land line?

No.

MOBILE VISIT VERIFICATION AND TELEPHONY VISIT VERIFICATION

What happens if Sandata Mobile Connect app cannot connect to the system?

If GPS or cellular coverage are not a viable option for a specific visit, you can use telephony or manual visit verification to capture visit information.

What is telephony visit verification?

Telephony visit verification is the use of a landline for clocking-in/clocking out from the location of a caregiver's scheduled shift.

Are the phone numbers used to call in visit verification toll free?

Yes, and access is available 24/7.

Does the caregiver have to use a phone in the individual's home for telephony?

No, the caregiver can use any phone to record a visit using telephony.

MISCELLANEOUS QUESTIONS

How will the EVV system interface with the Medicaid Management Information System (MMIS)?

Beneficiary eligibility and prior authorization information will be transmitted from MMIS to the EVV system on a daily basis. The EVV system will transmit claims to the MMIS after visits are verified. MMIS will receive ongoing client and authorization data from the portal and claims will be submitted directly into the portal. Providers will continue to use the portal to see if claims were accepted.

How do I know if my claims were accepted or rejected?

You will continue to use the same process you use today to see if your claims were accepted or rejected. There should be few rejected claims since the EVV system makes sure you have all the required claims data prior to submission. You will also receive training on how you can resubmit claims through the EVV system if necessary.

Can schedules created in advanced be edited?

Yes, there are multiple ways to edit schedules, which will be covered in training.

Can I get information from the EVV System that I can use in my own billing system?

Reports from the EVV System can be exported in PDF, Excel and .csv formats.

Does EVV integrate with an EHR system?

Yes, EVV does integrate with other EHR systems.

EVV STAKEHOLDER'S MEETING 2020 0323 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on March 23rd, 2020)

Q: Does this replace the current claim submitting?

A: This system is in conjunction with current claim submitting, in order to be paid for the services there must be a verified visit on file via the EVV system.

Q: Will this just be MMIS Claims or will it create claims for the MCOs as well?

A: The billing option allows the agency to create an 837p file to be submitted to the appropriate payer (DHCF FFS or appropriate MCO).

Q: Are there any services that will be exempt from EVV?

A: Currently the only services subject to EVV effective 10/2020 are PCA services only. All other applicable Home Health Services are mandated 1/2023.

Q: How would this work for Supported Living?

A: Information forthcoming, at present we are focusing on PCA services only, unless otherwise indicated.

Q: Does this mean each PCA need to have device?

A: Each PCA will need access to a cellphone, the visit verification system by Sandata is an app that is downloaded directly to the PCA's cellphone.

Q: In this EVV process what is the part of MCO?

A: Please attend the MCO outreach and technical sessions.

Q: Does companion services will require this?

A: PCA services are presently within scope.

Q: Is it expected that the COVID-19 situation will impact the implementation timeline?

A: At present business as usual until further notice.

Q: When exactly will the providers be trained?

A: June/July 2020 training plan forthcoming.

Q: Will this just create MMIS Claims or will it create claims for the MCOs as well?

A: An 837p file will be created for the agency to submit to the appropriate payer.

Q: When will this be implemented? When will training start?

A: October 2020 anticipated implementation, Training to begin September 2020.

Q: Will this be tied into future PCRs?

A: Yes.

Q: Are individual providers expected to provide training to their respective Direct Support Professional who provide the services?

A: Sandata will provide training to the Agency who is then responsible for training staff and beneficiaries, more to come with training outreach.

Q: Who will be responsible for claim matching? MCO or Sandata?

A: The claim matching occurs by the MCO to the Sandata provided file.

Q: Will the providers be allowed to submit paper claim?

A: Yes, however the majority of our business is done via electronic claims, even if a paper claim is submitted there will still need to be a verified visit on file.

Q: When claims are adjudicated will it bump against the Sandata database and approve/reject?

A: Yes, in order for the claim to be paid, there must be an electronic verified visit to match the claim submission.

Q: Will they round up the units or round them down? Say the aide works for 7:55 mins. Will they pay for 8 hours?

A: Round up

Q: If the care receiver refuses to sign, is there an exception?

A: Yes, there will be exceptions made, those exceptions will be pointed out during training.

EVV STAKEHOLDER'S MEETING 2020 0420 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on April 20th, 2020)

Q: Does Sandata verify the elements of the CURES Act are present prior to submitting the claim to the MCO?

A: Yes

Q: What services does this system apply to regarding HCBS Waiver providers?

A: DHCF has 2 waivers: 1) EPD and 2) IDD. Under the EPD waiver, PCA services are subject to EVV.

Under the IDD waiver the following services are subject to EVV:

- * Supported Living (Periodic Only),
- * In Home Supports,
- * Personal Care Services,
- * Respite

Q: Will there be any cost to providers or MCOs for the usage of the EVV application/system?

A: No there will not be any direct costs to providers for using Sandata EVV.

Q: Will the provider have to make sure that each person we serve have a computer for the DSP to sign on or will they have to download and app?

A: Direct care workers will need to download the app into their device. DHCF will not be providing cell phones to any direct care workers.

EVV STAKEHOLDER'S MEETING 2020 0518 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on May 18th, 2020)

Q: Who should those providers who will be using their own EVV system contact at DHCF?

A: Those providers interested in using an ALT EVV system should reach out to DHCF at EVVInfo@dc.gov

Q: What is the status for EVV for DDS providers?

A: The EVV mandate under the, 21st Century Cures Act is designed to ensure that people get the care they are promised and to cut down on fraudulent care claims. Electronic visit verification is a process that uses electronic means to verify care provider visits for personal or home health care services.

Under the IDD waiver the following services are subject to EVV:

- * Supported Living (Periodic Only),
- * In Home Supports,
- * Personal Care Services,
- * Respite

EVV STAKEHOLDER'S MEETING 2020 0720 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on July 20th, 2020)

Q: What services does this system apply to?

A: DHCF has 2 waivers: 1) EPD and 2) IDD. Under the EPD waiver, PCA services are subject to EVV.

Under the IDD waiver the following services are subject to EVV:

- * Supported Living (Periodic Only),
- * In Home Supports,
- * Personal Care Services,
- * Respite

This is based on CMS's definition of "Personal Care Services" which is not uniform across all the authorities under which it can be covered as a Medicaid benefit (state plan & waiver). CMS interprets "Personal Care Services" being services that are provided during an "in-home visit" that support Activities of Daily Living (ADL).

Q: Can you show the six required data elements again before this is over please?

A: The Cures Act requires EVV capture data 6 elements:

- Member receiving the services
- Caregiver providing the service
- Type of Service
- Location of the service delivery
- Date of the service
- Time the service begins and ends

Q: Who should those providers who will be using their own EVV system contact at DHCF?

A: Those providers interested in using an ALT EVV system should reach out to DHCF at EVVInfo@dc.gov

EVV STAKEHOLDER'S MEETING 2020 0817 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on August 17th, 2020)

Questions from the slide titled "Which Services Require EVV?"

Q: Personal Care Service?

A: No

Q: Supported Employment?

A: No.

Q: Specific Service Duty?

A: No.

Q: Companion Services?

A: This is considered in-home (CMS). Donald Clark from DDS is exploring.

Q: Adult Companion Services?

A: No, not identified by CMS yet.

Q: Registered Nurses?

A: No, RNs are paid per visit and are not subject to the EVV mandates.

Q: What if you left your phone, with the app at home?

A: Use Telephony.

Q: What time will EVV capture?

A: The start and end times will be captured by EVV.

Q: Will timesheets still be required?

A: DHCF is not telling providers who to run their shops. This is the call of each individual provider.

Q: Does EVV cover Medicare?

A: No.

Q: Will Sandata inform the providers of the status of the work with the ALTEVV vendors?

A: No, once the providers submit the vendor information to Sandata, Sandata will communicate directly with the vendor.

EVV STAKEHOLDER'S MEETING 2020 0921 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on September 21st, 2020)

Q: If you have previously requested testing credentials do you need to send a request again?

A: There is no need to send it again. Sandata has the information and they will start proving testing credentials after October 12, 2020.

Q: Is Sandata working with ALT EVV yet?

A: Sandata is receiving the request and will begin to provide credentials after October 12th. You can continue to send requests through the end of October 2020. Credentials will be sent by November 9, 2020.

Q: If we have previously indicated that we are going to use an ALT EVV, do we need to still send in this notice?

A: It not necessary. If you already sent, Sandata will get back to you between 10/13/2020 and 11/9/2020.

Q: Is Sandata communicating with ALT EVV vendor technical engineers yet ?

A: Sandata will be working with ALT EVV vendors technical engineers on 10/13/2020 through 11/9/2020.

Q: If you haven't made a request to use ALT EVV how do you make one?

A: To make a request to use ALT EVV, please send an email to Sandata at WDCALTEVV@sandata.com. Sandata will get back to you between 10/13/2020 and 11/9/2020.

Q: Sandata is slow to respond on sending test credentials. We requested over 2 months ago.

A: Two months ago, we were working on a different schedule. According to the current schedule Sandata will respond between 10/13/2020 and 11/9/2020.

Q: If you are going to use Alt EVV can you still sign up for training with your system as a backup (DHCF)?

A: ALT EVV users will need to sign up for the Aggregator training.

Q: If a Provider will be using DHCF EVV, what should Providers be doing at this time?

A: Keep up with information on the EVV website.

<https://dhcf.dc.gov/page/electronic-visit-verification-evv>

Also check to see if there will impact policies and procedures:

- Determine if there will be any impact on your policies and procedures due to EVV implementation.
- Identifying and preparing staff that will be trained on how to use the system.
- Start communicating to staff about the EVV implementation and timeline.

You need to start communicating to staff because we are transitioning to EVV. Direct Care workers needs to know that if there is not a verified visit, their agencies will not get paid for the unverified visit.

Q: Is an information packet being prepared to send to beneficiaries so they will understand the requirements with the EVV system?

A: Yes, DHCF is sending out first mailing to beneficiaries telling that EVV is coming.

Q: Will you be sending this slide presentation to the agencies?

A: All meeting presentation are available on the EVV website

<https://dhcf.dc.gov/page/electronic-visit-verification-evv>

After each meeting, the presentation is uploaded on the EVV website. The website is a good place to find all the presentations and related information to the EVV implementation.

Q: Are you able to start with the DHCF EVV and switch to an ALT EVV at a later date? Also what is the benefit?

A: No, if you are using DHCF EVV that is the way to go, or if you decide to go with an ALT EVV, you need to decide now and send the request for information before October 31st. The email to request information for to use an ALT EVV is DCALTEVV@sandata.com. Sandata will contact you and they will issue the testing credentials.

The benefit that comes to mind DHCF is not charging providers for using EVV. If you decide to go with an Alt EVV you will be responsible for the cost of using an Alt EVV system. DHCF is not charging providers if you use own, you are responsible for purchasing your own system.

It is important you decide if you are going to use the DHCF EVV, or an ALT EVV now.

Q: The telephone number provided (202) 905-4388 is not working. The voice message states that there is not voicemail is not set up.

A: The voicemail box will be set up soon. If the EVV phone number isn't answered, you can follow up with an email at evvinfo@dc.gov

Q: Looking for clarification on the DHCF cost: Use of the DHCF EVV system we understand is free. Does this include the system use as well as the visits?

A: There are not charges from DHCF or Sandata for a home health agency or other Medicaid provider who is required to use EVV. DHCF is responsible for implementing and maintaining the EVV system. If agencies decide to bring in consultants for their own service, that is the agency's responsibility.

Q: Will duty notes and shift documentation be required for each shift still? (EPD waiver)?

A: The way EVV works is the aide gets to the beneficiary, starts the visit, perform the duties, and ends visit at end of the visit. This creates a verified visit. This verified visit creates a claim that will be sent to the respective payer.

Q: Notes on patient behavior. This is still standing. EPD waver requires aides to document how much time is spent on each task. As well as clinical documentation about behavior?

A: In the EVV system, the direct workers will record the tasks completed but not the time spent for each task. They will still be required to keep visit notes. Primary EVV mission is to capture time spent on visits providing care. EPD waiver requires that the aide documents how much time they spend on a task during the shift as well as clinical behavior observed.

Q: Are there any provisions in place for beneficiaries who are not able to sign themselves (due to physical or mental limitations)?

A: Beneficiaries who are not able to sign themselves (due to physical or mental limitations) can have an assigned designee to confirm visit on their behalf.

Q: What if designee is not available at the time of the end of the visit?

A: *Donald Clark will like to chat offline.*

Q: Is there a detailed implementation plan available?

A: We have a project schedule that we are managing, and don't typically share it. However, EVV information that impacts Providers and Direct Care Workers is shared on the EVV Implementation website:

<https://dhcf.dc.gov/page/electronic-visit-verification-evv>

Q: What happen in a situation where the designee is not home at the end of the aide's visit? Discuss with DHCF on how to address it. DHCF will do research and come up with answer

Q: Clarify scope of services.

A: Services that required EVV:

- ▶ All Personal Care Services (including the EPD and DD Waivers)
- ▶ Supported Living Periodic with and without Transportation
- ▶ In-Home Supports
- ▶ Respite (provided in the person's home)

Q: What happens when an aide provides services to dual clients in a home with the same time duration?

A: There are very few instances of this situation. EVV has specific service and modifiers codes combination for this situation.

Above scenario applies to supported living not subject to EVV

Q: Can you talk about how EVV will work for people that receive remote supports via the IDD waiver?

A: DHCF is doing research on how to address this issue. This is coming through the pipeline. A lot of services will be done remotely.

Q: 24- hour clients could be asleep during shift changes, as these often occur at midnight, and in such a case, the client may not be able to sign. Could a signature be obtained at a later time for verification purposes?

A: There are specific scenarios will get addressed in training, and there are options for visit maintenance. These specific scenarios will be covered during training.

However, EVV does not apply to services that are being provided 24/7. That is not considered a "visit" to the persons home

Q: There are concerns about the aide having to give the patient the phone. Sometimes, the patient took the phone, and they say oops they lost it. Aides come to agencies saying the patient broke my phone, the patient took the phone from me.

A: We need to start communicating with beneficiaries that is what they need to do to continue getting services. They will often need to sign on the phone.

One option is to call from the land line from the patient's home.

One thing DHCF want to make sure is that once EVV is implemented, we are no longer accepting a paper form.

EVV STAKEHOLDER'S MEETING 2020 1019 Q&As

(Below are the questions which were asked on the EVV Stakeholder's Meeting on October 19th, 2020)

Q: As part of the services under the DD waiver, Companion Service is not required to use EVV?

A: The focus is the current implementation is on these services that are subject to EVV listed below.

- All Personal Care Services (including the EPD and DD Waivers)
- Supported Living Periodic with and without Transportation
- In-Home Supports
- Respite (provided in the person's home)

Later down the line we will assess what other services are subject to EVV as the regulations require the Agency to comply.

Q: Is there a detailed list of procedure/service codes where EVV is required?

A: Yes, we will post the Procedure and service codes on the EVV website

Q: Does in home skilled nursing services included with EVV system?

A: At this point no.

Q: The phone number provided is still not working.

A: The phone number is now working. You can leave a voice mail or or you can also send email to evvinfo@dc.gov

Q: Is last month EVV meeting pdf on the web site?

A: We are working on updating the website. Slides will be posted on the presentation and FAQ will be uploaded.

Q: Has testing started? My ALTEVV vendor is saying it is still closed.

A: Testing has started. If your alt EVV vendor has not received something from Sandata. Please contact DHCf and let them know who you are, DHCf will contact Sandata and make sure there is not a problem in the process.

ALT EVV is a term DHCf is using to refer to those agencies that are not using the DHCf EVV and are planning to use an alternate EVV system. If you are not planning to stand an ALT EVV, then you will not get any info from Sandata as it relates to testing for alt EVV

Q: Beneficiaries are starting to call about the Aide's asking to use their phone for check-in & out, and they are asking why this is happening. We explained that his is the EVV requirement coming up. They are saying Medicaid has not informed them of this new initiative. Are you sending information to beneficiaries? Can we get a copy of the notice?

A: We can put up a copy of the letter announcing that EVV is coming. However, nowhere in the letter says that the beneficiary will need to use their own phone. There is an expectation that the Direct Care Worker will use their own phone to check in and check out the visit because the aide is the person who will check in and out checkout the visit.

Q: Should providers be receiving training at this time?

A: Training will start next month.

Q: Will we receive confirmation that you've contacted our Alt EVV vendor?

A: Your vendor will receive the confirmation of the request has been received and will work with them.

Q: As a provider, do we need to provide names and contact information for staff, persons supported, etc. to Sandata or DHCf? If so, when and what info?

A: If this about sending a list of Medicaid beneficiaries that you serve, you do not need to send to list a of patients who received the services. When the agency goes through training. The agency will train the admin staff. They will want to run a report to show their assigned beneficiaries. More will be covered in training.

Q: Will Sandata use details from the Alternate EVV to generate the 837 claims?

A: Sandata does not generate claims. Providers using ALT EVV will have access to claim data as view only, they use that information to generate claims- as they do now. They will not have access to generate claims through Sandata EVV.

Q: What about using beneficiaries landline to check-in and check-out?

A: The EVV system has two ways of recording visits. One way is by using an SMC mobile app on the cell phone of the Direct Care Worker. This is the preferred way. There is also other option of doing it via telephony where the direct Care Worker can call in and call out from a land line. Either is acceptable. Workers may find that it is easier to use the app on their cell phone.

Q: If adequate Wi-Fi is not available for the aide's phone, what is the alternative?

A: if there is not Wi-Fi the SMC mobile app is still usable. The SMC mobile app will capture the visit and upload the data to the application once Wi-Fi is available.

Q: Has there been a further discussion on remote supports and how this will work?

A: Right now, the focal point is in person home visits PCS services. There is not much information available about remote support.

Q: Is the Direct Care Worker using his/her own phone another option start and stop the visit?

A: There is an expectation that the Direct Care Worker will start and stop the visit from their device.

Q: Does the EEV function have precise GPS to locate where the aide is clocking in?

A: Yes, the EVV has a GPS function to locate where the Direct Care Worker is clocking in and out. However, this function only captures the location when the app is used to start and end the visit. Once the visit is ended, the GPS location functionality is no longer on.

Q: Do we know how soon other procedures such as skilled nursing will be implemented in EVV system?

A: Not at this time.

Q: What is the back up for entering clock in and out time when there is a malfunctioning of the EVV system?

A: Sandata will have customer service to help, also agencies will have access rights to manually maintain visits in the system. Agencies will have to document as why the entries were manually made. However, it is expected that this manual process be the exception, not the rule. There are ways to monitor and report on the manually updated visits.

Q: Would there be a conflict in claims submission if an Aide checks in for 2 clients that are scheduled and that are being cared for at the same time?

A: DHCF does not allow an aid to cover more one patient at one time.

At this time, HCSN is the only agency that has a concept of group visits, and there are specific service and modifier codes for this type of visit.

Q: How long is Sandata's contract with DHCF for the free service to providers?

A: DHCF contract with Sandata is a base year plus a number of option years. At this point, if all goes well with the relationship with Sandata, they will be around for another 4 years.

Q: If all doesn't go well and the contract is terminated midway, what happens to Provider's data? also what happens if Sandata decides to charge providers at a higher rate compared to other vendors? are there any regulations to provide guidance for this scenario?

A: The Sandata contract is good for up to 5 years. If Sandata doesn't perform, it would get terminated. If something happened, and the contract is terminated in the middle, the data would be converted from Sandata to the other vendor that DHCF would select to replace Sandata. Sandata is not charging providers for anything so there is not rate that can go up.

Q: If the aid disables the location feature on their phone, will the EVV system still be able to capture the start and stop locations?

A: The application will prompt the user to enable the service before opening. If it's not enabled, the system will not open and the aide will need to use the TVV for call in and call out.

Q: How do the schedules from the HHA software move to Sandata, and do we have to purchase the scheduling software of Sandata?

A: The EVV system has scheduling functionality, and it is configured to email alerts to the home health agencies if the Direct Care Worker doesn't show up. These notifications get escalated to DHCF if person is more than one hour late.

Q: If providers are using alt EVV, do we still need to attend the trainings?

A: Providers using ALT EVV will need to attend the Aggregator training only.

Q: Do you think that one month will be enough to conduct training? specially for providers with more than 500 people on their roster?

A: The instructor led-web-based training is to train agency administrative staff on how to use the system. The direct care workers will use self-paced web-based training, and agencies will need to manage it to make sure workers complete the training.

Q: How complicated will the training be for the EVV for the end users considering that we are still in a pandemic and all agencies are discouraging large gathering of aides. is the training period of Nov 5 to the 24 the enough time?

A: The training is web-based training. This training is very focused on functionality. Once Direct Care Workers are exposed to web based training, they will see it is not complicated.

Q: Will providers be able to export visit information from the EVV system into their own software?

A: Yes.

Q: When is ALT EVV Aggregator training being provided?

A: Training schedule will be published early November. However, Aggregator training for ALT EVV will be provided to the provider once the vendor goes through credentialing.

Q: have you considered a “soft launch” where you would keep the go live date of December 7th but give providers a period of time to use the system?

A: DHCF did consider a soft launch, but after some discussions, we decided that December 7th was a reasonable date.

Q: What if the starting date is January, beginning of the year will be better it is more realistic?

A: DHCF have given some thought, and we still think December 7th is a reasonable date. The agency needs to be compliant with the EVV regulations by Jan 1, 2021.

Q: What happens if a beneficiary cannot sign and the beneficiary designee is not present at the end of the shift?

A: We need to look at what are the specific situations when this occur, and what solutions we need offer. There is a way in the system to close the visit if the beneficiary designee is not available. However, the expectation is that this is the exception, not the rule. If there is a designee, the expectation is that this person be present all or at least most of the time. The system has functionality to monitor manually updated visits.

Q: I just want to confirm as of right now DHCF is only requiring EVV system for home health aide services, so other procedures that EVV doesn't support are not required to have EVV system?

A: At this time, the list of services that are subject to EVV.

- All Personal Care Services (including the EPD and DD Waivers)
- -Supported Living Periodic with and without Transportation
- In-Home Supports
- Respite (provided in the person's home)

DHCF will post the list of services and procedure codes to the EVV website.

Q: How are activities going to be documented using this system?

A: Embedded in the EVV system are a list of tasks for the completed visit.

Q: Is there technological support available from Sandata if aides have user-end issues with EVV?

A: If aides are having issues, the first contact should be to their provider. If the provider sees that there is a technology issue, they will contact Sandata. There will an 800-number provided when we go live.

Q: What if a direct care worker does not own a smart phone?

A: Telephony is an option. Direct Care Worker can use beneficiary's phone to start and stop a visit.

Q: Does this EVV system requirement apply to wellness providers like fitness trainers, nutritionists and occupational therapists?

A: No, these services are not subject to EVV.

Q: You have just been dictating your plan to the provider without thinking about the provider. please revised this deadline.

A: This EVV system was supposed to be implement back on Jan 2020, The Federal Government is the entity mandating when the agency must be complaint.

We have until January 1st, 2021 to be compliant. We will get through this. If we focus on the timeline, we will all be able to meet the federal mandate of implementing an EVV system that is compliant with the 21st Century Cures act. If we are not compliant, we won't qualify on the Feds matching dollars.