

ELECTRONIC VISIT VERIFICATION (EVV) – “What SCs and AEs Need to Know” webinar  
July 27, 2020, Questions and Answers

ATTENDEE QUESTIONS	RESPONSES
<p>How do I handle situations when there is a discrepancy between what is authorized versus claim. They bill for 2 hours but the person is only authorized for 1 hour.</p>	<p>The process to address unit discrepancies submitted on a claim versus units authorized on a plan does not change with Electronic Visit Verification (EVV). If there are insufficient units authorized on an individual’s plan in HCSIS versus the number of units submitted on the claim, the claim detail line will either cut back units or deny even if the service on the claim passes EVV validation against the aggregator.</p>
<p>Is there a specific time period to enter manually?</p>	<p>There are no policy timeframe restrictions for a manual adjustment to an EVV record. It is important that any future adjustments made to an EVV record accurately reflect the service delivery date and timeframe and are resubmitted to the EVV aggregator if the provider plans on submitting a claim adjustment or a resubmission of an original claim.</p> <p>Effective with dates of service October 1, 2020 and forward, it is <b>critical</b> that a matching EVV record is sent to/stored in the EVV aggregator <b>BEFORE</b> a claim is submitted or resubmitted.</p>
<p>PALCO does not follow the units in F&amp;D (frequency and duration) in the Individual Support Plan (ISP). They are always going over. How do we deal with this?</p>	<p>This topic will be addressed in a future Office of Developmental Programs’ (ODP) communication. For questions or issues related to participant directed services (PDS), please contact your ODP Regional PDS Lead.</p>
<p>What does it mean when a location device code is included?</p>	<p>The Cures Act requires the location of the service to be captured. This occurs during check-in and check-out where the longitude and latitude of the device are captured and are stored as part of the EVV record. While receiving services, the</p>

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	individual has the option to request the location/GPS functionality be turned off on the care worker’s device.
You say for them to contact Supports Coordinators (SCs) to address stuff- to do what?	<p>If a provider receives a denial for a mismatch or a missing EVV record between what is submitted on the claim and what is found in the aggregator, the provider is responsible for determining what needs to be corrected, ensuring the correction is made accordingly and resubmitting the claim and EVV record, if applicable.</p> <p>The Administrative Entity (AE) &amp; Support Coordination Organization’s (SCO’s) roles and responsibilities do not change as a result of EVV. If a provider requests a critical revision, SCs should continue to follow the 5 guiding principles:</p> <ol style="list-style-type: none"> <li>1. Determine if the designated service has the desired effect to address the specified need, which promotes the achievement of an Outcome Statement.</li> <li>2. Determine if there is an established limit associated with the service.</li> <li>3. Determine that the units in the ISP are necessary based on the individual’s current needs and are not above the established limit.</li> <li>4. Review the previous year’s utilization to inform discussions for future decisions.</li> <li>5. Determine continued need and skill attainment.</li> </ol>
The fiscal agent wants to know how many edits can be made to the staff time sheets?	Edits can be made as often as needed; however, it is imperative that staff time sheets accurately reflect the day and timeframe

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	<p>in which a service was rendered. Modifying timesheets to reflect otherwise would misrepresent the service delivery day and timeframe in which the service was delivered and would be out of compliance with Policy and Medical Assistance regulations.</p>
<p>My clients are coming up as EVV rejected. Who would I contact to get this corrected?</p>	<p>An authorization feed is used to validate alternate EVV records that contain valid MCIs. If an individual is missing from the authorization feed, then the alternate EVV record will be rejected and prevent the record from flowing into the EVV aggregator. To resolve this, confirmation should be made as to whether or not the individual has a plan in HCSIS with an authorized personal care service. If the individual does not and should, then the ISP should be updated and the EVV service record resubmitted. If this step is completed and issues persist, contact the Provider Assistance Center (PAC): <a href="mailto:papac1@dx.com">papac1@dx.com</a></p> <p>For users of the Sandata Department of Human Services (DHS) EVV solution, the authorization feed provides the Sandata DHS EVV solution with the individual’s MCI and the personal care services authorized on the person’s plan. If the individual was missing from the authorization feed, then the Direct Support Professional/Support Service Professional (DSP/SSP) may enter the individual’s name, MCI and identifying information into the Sandata DHS EVV solution. This action would be considered a manual entry.</p>
<p>How will verification be able to occur when there is a sustained power outage?</p>	

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<p>How does EVV work when a staff moves from one service to another? For example, there are people who have companion overnight, but on occasion need assistance and the service becomes habilitation for a part of the shift. Do they have to log out of companion, log into the hab and then out of hab and back into companion? Will the system allow that?</p>	<p>A change in service to the same person, regardless if it was delivered consecutively or intermittently, requires a separate check-in/check-out action for each service provided to the same individual. The Sandata DHS EVV solution’s functionality supports this. Alternate EVV solutions should also have the same functionality to capture the service per delivery event.</p>
<p>So, based upon Jen's response the DSP could clock in and out multiple times in an hour of service, correct?</p>	<p>Yes. If a change in service is being rendered to the same individual consecutively or intermittently, a separate check-in/check-out action is required for each separate personal care service rendered to the same individual. In other words, every service must be recorded separately. For example, if the DSP renders respite from 12:00-12:30 then in home and community support from 12:30-1:00 to the same individual, the DSP/SSP would check-in then check-out for the respite and check-in for the in home and community support.</p>
<p>There are Common Law Employers (CLEs) that ALWAYS go over. How can the system continue to support allowing critical revisions (CR) for mismanagement?</p>	<p>This topic will be addressed in a future ODP communication. For questions or issues related to participant directed services (PDS), please contact your ODP Regional PDS Lead.</p>
<p>It has nothing to do with COVID, it is a perpetual situation with some CLEs..</p>	<p>See above</p>
<p>What happens with staff who overlap at shift change? Does the landline have to be the individual's landline or can it be another? What happens if a claim needs to be adjusted after it's been submitted?</p>	<ul style="list-style-type: none"> <li>• The provider/provider agency defines the rules and policies around which phone to use for check-in/check-out.</li> <li>• Adjustments to EVV visits are permitted to be made as long as the adjustment accurately reflects the day and timeframe the service was rendered and the actual service delivered. If the provider plans to submit a claim adjustment to match the adjusted EVV visit, it is imperative that the adjusted EVV</li> </ul>

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	visit is resubmitted to the EVV aggregator BEFORE the matching claim adjustment is submitted and processed.
Can an agency with choice (AWC) require a staff member to possess a smartphone to utilize the EVV service? Some staff members do not have access to a smartphone. Should the telephony option be used instead in this instance?	It is the provider’s responsibility to ensure caregivers have the necessary equipment for EVV.
What happens when staff sign in early. Are minutes rounded up? I am concerned that units can be impacted by staff signing in early for the shift or signing out late from the shift.	ODP does not round units of service. If a service, associated with a 15-minute unit of service, is rendered for 18 minutes, it is considered one unit. If a service, associated with a 15-minute unit of service, is rendered for 14 minutes, it is considered zero units.
Is there any charge for using the phone option?	Depends on the EVV system. Some alternate EVV solutions incur minimal data charges while the user is checking in and checking out, unless the mobile data is in “off” mode.
Will there be any exemption for Amish families who do not subscribe to internet services?	The provider/provider agency who supports the individual is responsible for ensuring personal care services are captured electronically. Although manual entry of EVV visits is discouraged, alternate EVV solutions are designed to support manual entry of visits. Acceptable manual edits may include, but are not limited too: <ol style="list-style-type: none"> <li>1. A caregiver misses a clock-in or clock-out and the visit needs to be edited to add the appropriate time of service.</li> <li>2. The visit is unable to be electronically captured at the point of care because the mobile application and/or telephony are not available. (The EVV system is down.)</li> </ol>

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	<p>3. The visit is unable to be electronically captured because a device cannot be used at the point of care.</p> <p>4. A visit is captured electronically but causes an exception to be generated; the record would be classified as a manual edit.</p>
What if the consumer's home has no landline as our Amish families do not?	It is the responsibility of the provider agency, AWC provider or the CLE who support the individual to ensure that personal care services are captured through an EVV system as mandated by the 21st Century Cures Act.
Hello: Is this EVV to assist AEs to access the County Assistance Office (CAO) waiver eligibility (via Eligibility Verification System [EVS]) or a 162 Form?	No.
Do SCO agencies require use of this system since we use HCSIS for all of our tracking	SCs are not subject to EVV.
When will EVV be accessible to non-English reading consumers/ caregivers? Such as Spanish?	<ul style="list-style-type: none"> <li>● The Sandata DHS solution is available in the following languages: English (US), Spanish, Portuguese, Arabic (Egyptian), Chinese (Mandarin), Russian, French, Nepali, Hindi, Vietnamese, Swahili, Somali, Serbian, and Fulani.</li> <li>● PALCO’s Authenticare system is currently available in both English and Spanish for both the mobile app and telephony.</li> <li>● To determine languages available for other alternate EVV vendor systems, it is recommended that the provider/provider agency is contacted.</li> </ul>
Will employees have unique identifiers if they are providing EVV required services through more than one employer?	Each care worker can be employed by multiple providers and have different user identifiers.

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<p>Will AEs/SCOs be informed of providers who haven't complied with EVV registration requirements? Will there be a means of knowing that the issue could be related to EVV when AEs/SCOs are researching billing/claims issues?</p>	<p>No, the AEs/SCOs will not be informed. The AE &amp; SCO's roles and responsibilities do not change as a result of EVV. If a provider requests a critical revision, SCs should continue to follow current practices.</p> <p>EVV specific error codes (ESCs) were created for billing. To view the EVV ESCs, visit the DHS EVV webpage: <a href="https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx">https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx</a> These ESCs will set when an EVV record is either missing in the aggregator, a mismatch is found in the EVV aggregator versus what was submitted on the claim or when the units on the claim are in excess of the units found in the EVV aggregator.</p>
<p>If an SSP attempts to clock in, but there are no units left in the plan, will it still allow them to clock in? Sometimes a critical revision just hasn't been done yet, or we aren't aware that more units were needed.</p>	<p>Yes. The EVV system will capture the clock-in or clock-out times even though units are not available on the ISP. Once the critical revision is complete and the units are added into HCSIS, the provider agency can then bill the claim. It is also important that the DSP/SSP work with their provider agency to understand what service is to be provided and the timeframe for service delivery before beginning the shift.</p>
<p>So if i have a family who uses Palco and they are struggling with using the technology, whose responsibility is it to assist them?</p>	<p>Palco can provide training and resources; however, the CLE is responsible for ensuring the time is captured in compliance with EVV and that SSPs follow the rules of the program. It is also the CLEs responsibility to manage and direct all aspects of the services. If they need support, a Support Broker may be a valuable resource.</p>

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	EVV training materials are available on the PALCO website: <a href="https://www.palcofirst.com/programs/pennsylvania/office-of-developmental-programs/">https://www.palcofirst.com/programs/pennsylvania/office-of-developmental-programs/</a>