

DSS EVV Program Frequently Asked Questions:

Updated 12/14/2016

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41. When will we be able to test integration between EVV and our Allscripts software?
42. Will visits and documentation be able to be uploaded to our Allscripts software for A/R and revenue reports?
43. We saw that the date got pushed back for CT until Sept. 1st. That is a Thursday. We would have a week with both paper timesheets and the EVV system. Is there any way we can have that date start on the beginning of the week?
44. How do providers satisfy the ABN (Advanced Beneficiary Notice) requirement? Is there a way to upload documents to the system?
45. Can providers request additional Santrax language lines?
46. There is no MSW code in the non-medical task list. How do we document MSW?
47. What happens if there is a systematic error in the calculation of payable time and I unknowingly short pay caregivers and receive DOL inquiries, who is responsible? Will the vendor support response to complaint and inquiries?
48. Will providers still be called for initial referral or will this be handled in the HP/ Sandata system?

49. Are there a certain number of tasks required to substantiate a service? Does a caregiver need to enter more than 1 task within that service's group?
50. How does the system validate the caregiver's identity? What specific (please list all) caregiver and provider data elements does the system require to assure payment?

Training

51. How many people can attend training from each home care agency?
52. Can you tell me if a schedule or plan for rolling out the training will be made available and when?
53. When will the training materials be sent to impacted agencies?
54. How does the system validate the caregiver's identity? What caregiver data elements does the system require?
55. When a caregiver is ready to punch out at end of shift, how does the caregiver record tasks performed? Are these listed (from schedule) and the caregiver would state yes or no or are the tasks verbally communicated by the caregiver?
56. Providers are able to "fix" bad/missed punches – how does this work?
57. Care Plan Change Alerts - Providers will be notified of changes in plans of care – is this an email notification or within the scheduling system? I need more information on how this would work?
58. Claims are validated in the EVV system prior to direct submission: Right Caregiver type. What does this mean by caregiver type?
59. Only validated claims can be submitted for payment – is this a batch process, I need details on how this works.
60. For clients/caregivers without phones, how long does the "check in device" take to install?
61. For calling in, is there a bilingual option?
62. For our live-ins, how do we log sleep time without a time sheet?
63. What happens if there is a switch in services (from home making/companion to PCA)?
64. We have shifts that are both PCA hourly (during the day time) and PCA overnight (night time). How will the system handle that?
65. If the care plan is incorrect, how do we fix it if we have already started services?
66. How long does an access agency have to load a care plan?
67. Will the training materials be provided in Spanish as well as English?
68. How to obtain Fixed Verification Devices for clients?
69. What happens if I have to do a visit prior to receiving an authorization?
70. What sort of EVV reports will DSS be looking at?
71. When is the next EVV related workshop scheduled for providers?
72. Could you please guide me to where I can register for EVV training?
73. Is DSS covering the cost of training office and caregiver staff?

Mobile Visit Verification

74. Will EVV devices be installed in SNF for LTC patients or RCC (Residential Care Centers) for same home patients?

75. How will DSS protect those devices from being destroyed?
76. What if my clients won't let us use their phone? And my staff doesn't have smartphones and can't use mobile visit verification?
77. Do I have to buy my caregivers smartphones?
78. Where can we find the smartphone apps that support EVV?
79. What is the process by which FVV devices are requested?
80. Who makes this request?
81. Once an MVV GPS exception has been cleared, can it be billed? Or is DSS/HPE approval required?
82. Is it possible to not provide the client phone number on the MVV app? Some providers did not want their caregivers to have access to the client phone number and are also restricted from sharing the phone number in certain cases.
- New** 83. The Mobile Visit Verification app (MVV) occasionally stops responding and presents only a solid black or solid white screen. What do I do to resolve this?

Electronic Visit Verification

84. I am a little confused over whether the EVV would pertain to all our home care aides and nurses that we bill to DSS or just the cases we have that are billed to SWCAA and AASCC?
85. What happens with services that are NOT required to pass through EVV, i.e. therapy? Will they be managed through the portal? Will those claims need to be split from services managed through EVV?
86. How will each caregiver be identified in EVV?
87. How will employee know what care plan to follow if the care plan has not yet been loaded?
88. If staff uses client's cell phone to check-in/check-out, from an audit standpoint, how will it be validated that the client/staff were together?
89. Consecutive services ABI...different tasks are performed during an 8 hr. period. There are no set times. Services are very fluid. Other than a definitive set schedule for each service, is there an alternative to handling this?
90. Is there a way to map the permissions in 'my current system' to match what is in the Sandata EVV system, SAM?
91. Task Requirements – for non-skilled visits, tasks are required. The system should not allow a visit to export if it's missing a task. Has this been discussed? The training databases are not currently configured to require a task.
92. Will the providers have the ability to attach other documents to the client record? (i.e. scanned documents).
93. Will agencies be able to see the birthdate of the client? (In the training database it is greyed out and the numbers are not visible – only asterisks.)
94. For combined services where the services blend and don't have an exact start and end time, what do they do?
95. Caregivers must set up a password for the EVV system but the office staff will have to maintain that. This seems like a burden for my staff.

96. If there is an issue with the Sandata system crashing and I am unable to pay my caregivers in a timely manner, who is held responsible?
97. How can I protect the identity of my caregiver? Do the contractor agreements recognize provider ownership rights to the data they provide? How can I be assured that my caregiver's personal information will not be shared with anyone?
98. How will providers be able to manage their caregiver's availability for non-portal clients?
99. Detail all measures that assure provider data protection.
100. What occurs in the event of a large telecommunications outage?
101. What measures assure provider's employee data will not be disclosed to other parties?
102. How long will providers have access to punch data? State and federal wage and hour audits may occur years after the fact.
103. If a client is unable to be setup in HP due to eligibility issues and the caregiver is unable to enter a service authorization how do we service the client?
104. When staff needs to "fix" a task (enter, change or delete), what is the required documentation for supporting such a change if audited?
105. Does a schedule/ shift require a punch in/ out in order to be billed?
106. What happens if the provider does not cancel a schedule/ shift that was never worked and therefore does not have any punches against it?
107. What do providers do when the service is scheduled without an authorization?
108. Are there any direct links (interface) to ADP payroll?
109. How will Live-in cases be handled where they only pay for hours worked? Can the caregiver check in and out for breaks and lunch?
110. Consecutive services ABI...different tasks are performed during an 8 hr. period. There are no set times. Services are very fluid. Other than a definitive set schedule for each service, is there an alternative to handling this?
111. Dually eligible clients require an ABN (Advanced Beneficiary Notice). How do I upload this to the Santrax system?
112. Non- skilled visits require tasks to be entered. What happens if my caregiver does not enter a task before they complete the visit?
113. What do I do if the clients address is different than the address that transferred in?
114. Will mileage be required to be entered via telephony/MVV or captured through the EVV system?
115. When dealing with 2 clients living together, i.e. husband and wife. If the home phone is registered to both patients, the system is not allowing a call in and out for patient 1, then a second call in and out for patient 2.
116. How do my live-in caregivers document their time? Do they have to check-in and check-out at 12 midnight?

New

Scheduling

117. If patient is not "currently eligible" for redetermination purposes, are they still in the EVV? How do we handle retroactive visits/eligibility?

118. Will I still see my Care Plan prior authorizations in the portal?
119. How do I know if I have a new authorization for a client?
120. How will exceptions be handled if there is a new client that has not yet been 'fed' into the system (HPE)?
121. Can I update/change the services en masse (instead of one by one) for already created schedules? When mass editing the time or staff, the service option is greyed out and not selectable.

Billing

122. Will I be able to submit my claims the current way (portal) after EVV is in place?
123. How do I know if my claims were accepted or rejected?
124. Where do I go to look for status of my submitted claims?
125. How do I handle remittance files?
126. Physician signatures for non-medical SW: can there be an automatic release to bill once signature received?
127. Is the billing interface bi-directional?
128. Once an invoice is generated within SAM, how is the provider expected to reconcile the remittance in their system since they don't post (A/R) within SAM? Would they also need to create an invoice in their current system as well? Please provide workflow.
129. How are adjustments after payment handled?
130. There are currently two billing cycles per month – is this process staying the same?
131. What is the process for resubmitting a claim? Should it be denied/or invoice created and exported and then realize that a correction is necessary?
132. I am having trouble entering my usual and customary rates. What do I do?

Sales

133. We would like to inquire about implementing a payroll system with the new EVV - whom should we contact?
134. Does Sandata have tracking and a payroll module? Can we speak to a representative at Sandata directly as we will be paying for this?
135. Will the providers have the payroll function available to them? If not, who can they contact to discuss an add-on?

Interfaces

136. When will the updated specs be posted for interfaces?
137. Will Sandata be ready with interface testing by 7/31? Is that a hard date or flexible date?
138. What happens if the provider agency is ready to test but Sandata is not?
139. Is the SS# of the staff come in via the interface? And, it is encrypted?
140. Is the data being pulled in from a third party system the same across the board or will it be specific to each interface?
141. What steps do I take to take advantage of the one-time bulk load of staff?

142. Is it possible for providers to import their physician list from another database they utilize? Is it possible for providers to import their staff list from another database they utilize?
143. Where can I find the interface docs for “Clients” and “Caregivers”?

FAQ Responses:

General

1. What services will require EVV?

A: The list of services that will be mandated to use EVV is found on the Electronic Visit Verification Implementation Important Message. To determine whether your agency will be impacted by this change, please click on the following link EVV Service List for the most current list of all Mandated and Optional EVV Services.

[EVV Service List](#)

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2. What services will be included in EVV, but will not be mandated?

A: The list of services that will be optional to use EVV is found on the Electronic Visit Verification Implementation Important Message. Please click on the following link EVV Service List for the most current list of all Mandated and Optional EVV Services.

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3. Do I have to use EVV? What happens if I don't use it?

A: Yes, in order to continue to provide these services and be reimbursed by the Connecticut Medical Assistance Program, 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.

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4. Can I opt out of using EVV?

A: If you choose to opt out of using DSS' EVV system, you will not be reimbursed for services rendered.

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5. Will there be a process for managing system and training issues?

A: Yes. Once your agency has registered and attended the brief 30 minute EVV introductory webinar, and are preparing for EVV training, you will have access to the Sandata EVV Support Center for questions and issue resolution. When your agency has gone through EVV training, you will then have access to a suite of web based tools & reference guides, including recordings of the actual trainings to assist in training new hires and care-givers that need refresher information or assistance with particular parts of the EVV usage. Once the program is fully launched, you will continue to have access to both the Sandata EVV Support Center and the online tools and reference material.

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6. What is the expected timetable for deployment, education and training on the EVV system?

A: The EVV program will be sending out regular updates on the progress of the implementation, and will be reaching out to provider agencies with surveys for information which started in late April. In May, the agencies will be sent information on a mandatory 30-minute EVV introductory webinar to provide details on setting

up and using the EVV system. Full EVV training will take place in July, and agencies will gain access to their EVV systems once they have completed training. The full EVV system will be available for use in early/mid-August, providing agencies time to familiarize themselves with the system and begin using it prior to the 9/1 implementation date.

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7. What will the interface actually do for us, i.e. is it mainly for the scheduling piece? Not billing or auth?

A: The Electronic Visit Verification (EVV) system being implemented by DSS for services within the CMAP program is designed to capture visit information (time in, time out, tasks), track/link the visits to caregiver schedules and submit the verified bills to the MMIS system for processing. Authorization and client data will be supplied from Hewlett Packard Enterprise, and their MMIS systems, while agencies will provide the caregiver information and schedules to the EVV system. The provider uses the EVV system to submit the billing information via an interface directly to the MMIS system.

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8. Is this only for the waiver programs, or all of Medicaid?

A: DSS' EVV system must be used for the list of mandated services for clients in the Connecticut Home Care, PCA and ABI Waiver Programs. This includes services required to be in a care plan, and authorized by the Access Agencies (for example homemaker, companion, home health aide, medication administration). Important: Home Health services, such as skilled nursing, medication administration, home health aide and therapy services provided to clients enrolled in HUSKY only, are not included in this implementation.

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9. Who is paying for the EVV system?

A: The Connecticut Department of Social Services (DSS) will pay for the EVV system, including EVV system implementation, provider agency EVV training, and ongoing recurring EVV fees. Your agency will be required to use the EVV system for the DSS EVV Services.

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10. Is this going to cost me anything?

A: There is no charge to the provider agencies for the DSS EVV system. However, should you choose to integrate your current scheduling system into DSS' EVV system, any cost associated with this integration will be the responsibility of the provider.

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11. Will I need additional staff to manage EVV?

A: No, you should not need additional staff to manage EVV. 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.

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12. Will I still have to do the required current HCBS manual documentation when EVV is in place?

A: EVV will replace the requirement for signed paper time and activity sheets. Further decisions regarding documentation will be communicated to providers prior to EVV launch.

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13. What if I already am using an EVV technology? Do I have to give that up for yours?

A: Yes, you will need to use the DSS EVV System for DSS EVV services. You can continue to use your current EVV system for any other HCBS services. You will not be charged for the DSS EVV system.

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14. This feels like a lot of extra work for me, why is the State doing this?

A: The EVV system has been built to ensure providers are more efficient, removing paper processes from the workflow. Over 3,500 providers use this system nationwide today. Home care services are a key priority for DSS, with an expected significant increase in HCBS in the coming year. DSS will use EVV to ensure HCBS are delivered as authorized and to ensure quality oversight of the home care service delivery.

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15. Is the State going to be measuring providers a new way?

A: The State will continue to measure providers as they do today. The only additional measurement when EVV is in place will be if providers are using EVV as instructed for all their home care visits.

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16. Who do I call if I have question or complaint about EVV?

A: If the question or complaint is around the overall EVV program, you should direct your concern to DSS/Hewlett Packard Enterprise at ctevv@hpe.com. If you have questions or complaints regarding the use of the EVV system, please contact the toll-free EVV Customer Care Number at 1-855-399-8050 Monday through Friday between 8:00 a.m. and 6 p.m. or at ctcustomer care@sandata.com to address your concern.

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17. How will the EVV system work with the Hewlett Packard Enterprise portal?

A: The EVV system will receive ongoing client and authorization data from the portal and claims will be submitted directly into the portal. You will continue to use the portal to see if your claims were accepted.

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18. Can I use EVV for my other services/programs?

A: DSS will pay for the EVV system for clients in the Connecticut Medical Assistance Program for the services listed above. Providers have the option to independently contract with the vendor to use EVV for other services/programs.

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19. Can I continue to use my current scheduling system?

A: There is a scheduling module within the EVV system. DSS has also selected the option to integrate third party schedule solutions with EVV. The Standard EVV

Scheduling Input Specifications and the EVV Completed Visit Extract format can be found on the EVV Important Message located on the www.ctdssmap.com Home page.

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20. Since DSS/HPE have jurisdictional view, can they see staff data? If yes, what data elements? There is strong concern from Providers about providing the caregiver SS#.

A: The Jurisdictional View (JV) into the EVV program provides the CT DSS the ability to view reports and drill down into details of their program, including the client and staff data in each agency's EVV instance. This allows for the type of cross-agency reporting and analysis required in order to maintain an effective program. While the DSS can view the staff information entered into the EVV system, the system is secured and authenticated to allow only authorized DSS representatives to view the data accessible via the JV.

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21. For what specific audit purpose is providing the caregiver SS# necessary?

A: There are multiple reports and analytics that use the data point of caregiver's social security number to aggregate unique caregiver activities across agencies within the program.

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22. Will the payroll extracts reflect hours or just call in/out times?

A: The standard payroll export provided by the CT DSS program contains basic information regarding the completed visits performed by caregivers and recorded in the EVV system. This data set includes both the actual call-in & call-out times, as well as the scheduled / planned duration of the visit. Please refer to the standard payroll export specification for additional details (available on the CT DSS MAP website here).

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23. Is the system supported by the Windows 10 Edge browser?

A: Microsoft Edge for Windows 10 is not currently supported for the EVV system. The 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.

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24. How do I correct a client's telephone number or address?

A: Corrections to a client's telephone number or address should be communicated to the Access Agency responsible for managing the client's care plan. The Access Agency will request the necessary corrections from DSS.

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25. Will DSS require additional documentation besides the schedule edit reason code or notes stored in the provider's EVV system when a visit duration or list of tasks are modified in visit maintenance?

A: Per DSS Quality Assurance: The edits and notes in a provider's EVV system will be reviewed by the auditor to substantiate billed services. Additional supporting

documentation, such as payroll records, may be requested by the auditor. As per the Provider Enrollment Agreement, the provider agrees to “maintain fiscal, medical and programmatic records which fully disclose services and goods rendered and/or delivered to eligible clients. These records and information, including, but not limited to, records and information regarding payments claimed by the Provider for furnishing goods and services, will be made available to authorized representatives upon request, in accordance with all state and federal statutes and regulations”.

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26. How will EVV impact the audit extrapolation process?

- A:** The extrapolation process is related to claims errors in the sample reviewed. The findings are extrapolated from the sample claims reviewed to the universe of claims. EVV has no bearing on the extrapolation process. However, EVV will help providers significantly when it comes to audits because this system replaces the client signature requirement, tasks will match the service provided and the providers would not be able to bill for services not authorized.

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27. Will agencies still need to use paper timesheets for their caregivers?

I am concerned about issues with the Dept. of Labor.

For example, if a caregiver clocks into EVV at 9:10 and out at 10:55, they would still record 9 – 11 on their paper timesheet.

Agencies assume that the Dept. of Labor would require that the agency would pay off of the paper record if there are both.

- A:** This replaces paper time sheets. DSS will use the following rounding rule: Actual visit hours rounded to optional minutes. What this rule does is take the total amount of hours and minutes for the visit and rounds this total to the nearest quarter hour based on the minutes. <8 minutes will round the total back to the previous quarter hour. = or >8 minutes will round the total forward to the next quarter hour. In the example cited, the number of 15 minute increments billable on the claim is 7.

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28. Can the state or any state agency ask Sandata for a list of the client data for a provider (agency)?

- A:** This is DSS data, approval would come from DSS.

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29. Why do I see duplicate Prior Authorizations (PAs) in my EVV system?

When I access the PA from my www.ctdssmap.com secure Web account, I do not see duplicate PAs. I see the PA has been end dated and resumed at a later date.

- A:** Duplicate PAs in the Santrax EVV system occur when the original PA for service authorization, extending past September 1, 2016, is cutback by the Access or Case Management Agency, to a date prior to September 1, 2016, the effective date of the EVV system. The PA is then resumed on or after September 1, 2016. When this occurs providers should query the PA in question via their secure Web portal account on the www.ctdssmap.com Web site to determine the most current service authorization for the client.

For example:

- A PA with effective dates of 1/1/2016 - 12/31/2016 is sent to Sandata by HPE which spans the 9/1/2016 effective date of the EVV system.
- The authorization in the Santrax EVV system displays as 9/1/2016 - 12/31/2016.

- The Access Agency then cuts back the PA to 7/31/2016 and resumes it by creating a new PA on 10/1/2016 - 12/31/2016.
- The PA for 10/1/2016 - 12/31/2016 is also sent to Sandata.
- As a result, in the Santrax EVV system, the provider will see a PA for 9/1/2016 - 12/31/2016 and the same service authorized again for 10/1/2016 - 12/31/2016.
- Conversely, when the provider accesses the PA via their secure Web account on the www.ctdssmap.com Web site, the provider will see a PA for service 1/1/2016 - 7/31/2016 and another for 10/1/2016 - 12/31/2016, with no duplication of service authorization.

This example will not prevent an agency from scheduling visits, nor will it create exceptions within visit maintenance. Claims submitted for payment will be processed against the appropriate authorization in HPE.

This incidence of duplication as noted above will occur less frequently as we move further from the September 1, 2016 effective date.

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Implementation

30. Who is responsible for installing the program? / Do I contact my IT specialist to do this?

- A:** Your agency, including all administrative users, will access the EVV system via the web. It will require a current web browser and sufficient internet connectivity. It will not require additional IT resources or systems. You will receive access to your web based EVV system upon completion of training.

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31. Is it possible to have the software installed before 7/1 so that I can review the modules?

- A:** Your EVV system will be available upon completion of training, which is planned to take place in July. Once completing training, you will be able to access your system to complete set up activity. The agency EVV system will be available during August to allow providers sufficient time to begin using the system prior to the official 9/1 start date.

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32. Will the ability to test the system be provided before the effective date to test the application and the process?

- A:** Yes. Those attending the classroom-based EVV training will receive hands on exposure to the EVV system. Once your agency has taken the EVV training class, you will receive your welcome packet providing the information to access and begin using your agency's EVV system. This EVV system will be available for your agency in early/mid-August, allowing you time to familiarize yourselves with the system and begin using it well before the 9/1 implementation date.

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33. Is there a demo site?

- A:** During the introductory webinar, agencies will have the opportunity to see the demo of the EVV system. During the classroom EVV training sessions, they will also have the opportunity to use the EVV system first hand. Additionally, once training is completed, the agencies will have access to their EVV system prior to the 9/1 program implementation date.

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34. Can we get a pilot site set up?

A: There is not currently opportunity for a specific pilot. Yet, you will have access to your EVV system post training and prior to the official 9/1 launch date to both complete EVV system set up and gain experience with the EVV system.

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35. Integration (Schedules to EVV system): what data elements, file type, how to send (process) and how often (frequency)?

A: The Standard EVV Scheduling Input Specifications and the EVV Completed Visit Extract format can be found as links on the EVV Important Message located on the www.ctdssmap.com Home page. Sandata will also work with agencies and vendors of those systems to ensure the interface frequency supports the needs of the agency and program.

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36. Integration (EVV Visit data back to scheduling system): what data elements, file type, how will it be sent back (process) and how often (frequency)?

A: Sandata has provided 3rd party interface information on the EVV Important Message located on the www.ctdssmap.com Home page. Sandata will also work with agencies and vendors of those systems to ensure the interface frequency supports the needs of the agency and program.

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37. When will I be provided the ability to get set-up?

A: The EVV system setup will be available once the agency has completed the provider survey, participated in the introductory webinar, and attended the EVV training. Once those have been completed, the agency will receive their EVV Welcome Packet, which will provide the details to access their EVV system. Agencies should be completing their training in July, and have access to their systems in August, weeks prior to the 9/1 implementation date.

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38. How do we obtain the Sandata id #? (Need to find out how the providers can implement the EVV system)

A: Providers will have access to all the information they need to access and use their EVV system once they have completed EVV training.

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39. The claims that are submitted is there a way to export them into QuickBooks?

A: The EVV system provides a standard extract of information that can be delivered to 3rd party Payroll systems. These reports are available in a variety of file formats to support export and import. The ability to integrate specifically with your QuickBooks format will be dependent on your system requirements. The EVV Payroll extract format can be found as a link on the EVV Important Message located on the www.ctdssmap.com Home page.

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40. Is it possible to have the system available in June so we can use it simultaneously while doing paper timesheets so we can work out the kinks? We have over 300 caregivers and it will take a long time to make sure they all know how to use the system.

A: The EVV system for an agency will be available after the agency has completed their provider survey and completed the EVV training, which is scheduled for July. The agencies should have access to their EVV systems in early/mid-August, allowing them weeks prior to the 9/1 implementation date to address issues and familiarize their staff with the system.

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41. When will we be able to test integration between EVV and our Allscripts software?

A: The EVV system provides a standard extract of information that can be delivered to 3rd party scheduling services/vendors to allow integration with those services. This specification will soon be available on the EVV Important Message located on the www.ctdssmap.com Home page. Once the agency has completed EVV training; they will have access to their EVV system and can begin testing the interfaces to other 3rd party scheduling tools at that point.

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42. Will visits and documentation be able to be uploaded to our Allscripts software for A/R and revenue reports?

A: The Sandata EVV system has a standard extract for visit data that can be imported to an agency's scheduling system to allow the agency to run their normal reports through their existing systems. This specification is available on the EVV Important Message located on the www.ctdssmap.com Home page.

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43. We saw that the date got pushed back for CT until Sept. 1st. That is a Thursday. We would have a week with both paper timesheets and the EVV system. Is there any way we can have that date start on the beginning of the week? That way it starts at the beginning of the work week.

A: The EVV system may be used as early as September 1, 2016, as long as the provider as completed training and received their Welcome Kit.

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44. How do providers satisfy the ABN (Advanced Beneficiary Notice) requirement? Is there a way to upload documents to the system?

A: Clients who are dual eligible for Medicare and Medicaid will be handled by third party liability (TPL) functionality. This functionality will be deployed prior to the skilled mandated date of January 1, 2017. There will be supplemental training documentation to instruct agencies on how it will operate. It is expected that dual eligible clients will have an advanced beneficiary notice (ABN), but that document will be retained and stored by the agency, and not uploaded into the EVV system.

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45. Can providers request additional Santrax language lines?

A: The IVR system used by the Sandata EVV system is designed to be very quick and simple for caregivers to use. The wording and navigation are kept to a minimum, to allow the caregiver to focus on their clients, and not have to spend excessive time

on the phone recording their work. The CT DSS EVV program only supports English and Spanish in the telephonic IVR system. We find that most caregivers quickly learn to use the system without being dependent on the prompts, and are able to navigate the call-out and task entry easily.

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46. There is no MSW code in the non-medical task list. How do we document MSW?

A: Use task 97- Mental Health assessment and treatment. This service can be performed by a social worker as well as other counseling professionals.

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47. What happens if there is a systematic error in the calculation of payable time and I unknowingly short pay caregivers and receive DOL inquiries, who is responsible? Will the vendor support response to complaint and inquiries?

A: Sandata will support inquiries by the provider related to scheduling, visit validation and claims submission within the Santrax system. Sandata will not respond directly to DOL inquiries.

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48. Will providers still be called for initial referral or will this be handled in the HP/ Sandata system?

A: There are no changes to the way Initial referrals are handled today.

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49. Are there a certain number of tasks required to substantiate a service? Does a caregiver need to enter more than 1 task within that service's group?

A: The caregiver must enter all tasks provided to the client during the visit.

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50. How does the system validate the caregiver's identity? What specific (please list all) caregiver and provider data elements does the system require to assure payment?

A: Caregiver data requirements are documented in the Staff Module training document on the EVV Important Message. Caregiver data supports scheduling and visit verification. Caregiver data will also be used by the DSS Audit unit. Provider data required for the submission of an electronic 837 claim record is documented in the Implementation Guide developed by CMS and made available by the Washington Publishing Company. All required provider data is provided to Sandata by HPE.

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Training

51. How many people can attend training from each home care agency?

A: EVV training is scheduled to occur in July 2016. This in-depth training will be performed in two ways- via in-person classroom sessions, and by online virtual webinars. Both training types are led by a trained instructor, and both cover the same content. We recommend that every agency provide two staff to receive this training. These two individuals will then have access to additional support materials as well as links to the recorded virtual training sessions to use for reference when they return to their agency.

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52. Can you tell me if a schedule or plan for rolling out the training will be made available and when?

- A:** Introductory EVV Webinars will occur in May/June 2016, while the full, in-depth EVV Training will be held in July 2016. Schedules to both introductory EVV webinars and EVV training will be communicated via the CT DSS EVV Web site Electronic Visit Verification Implementation.

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53. When will the training materials be sent to impacted Agencies?

- A:** We will continue to post EVV updates and information via the CT DSS CMAP Web site, and will also be sending additional EVV materials via e-mail in the near future. Please make sure you have provided an agency e-mail address in recent EVV surveys. Once you have completed EVV training, you will receive an agency specific welcome packet with additional information and reference materials regarding your EVV system. There will also be an online repository of this information accessible at any time on the CT DSS CMAP EVV Web site. Electronic Visit Verification Implementation.

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54. How does the system validate the caregiver's identity? What caregiver data elements does the system require?

- A:** The agency will receive detailed instruction on how to set up each caregiver in the EVV system, including providing them unique IDs that are used for visit verification. The EVV system will know and use each caregivers unique ID and information to automatically verify who they are when they record visit information.

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55. When a caregiver is ready to punch out at end of shift, how does the caregiver record tasks performed? Are these listed (from schedule) and the caregiver would state yes or no or are the tasks verbally communicated by the caregiver?

- A:** For the EVV program that DSS is setting up for the CMAP program, each visit will require the following information: -Visit start time -Visit end time -Visit Task(s) performed. The capture of tasks is required for non-medical services only via a drop-down list of tasks using MVV or entering a code representing the task via a telephone key pad when the Telephonic or Fixed Visit Verification methods are used. The caregiver will also have the ability to add notes to the visit when using the Mobile Visit Verification application on their smart device. While the caregiver has the ability to add notes regarding the visit to the EVV system, this is not required. The intention is to not require the caregiver to duplicate activities in EVV that they are already performing in their agency's existing systems.

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56. Providers are able to "fix" bad/missed punches – how does this work?

- A:** Yes, the web based EVV system that the agency will access allows the provider to fix visits that do not have all the required information, for example, if a caregiver forgot to capture visit start or end time. The upcoming training will provide information on how visits can be corrected.

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57. Care Plan Change Alerts - Providers will be notified of changes in plans of care – is this an email notification or within the scheduling system? I need more information on how this would work?

A: Authorization data will be automatically sent from MMIS system to the EVV system, which the provider will be able to view. When there is a change to the authorization, or 'plan of care', the EVV system will notify the provider within the EVV system with a 'pop up message'. Details of this functionality will be provided during EVV training.

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58. Claims are validated in the EVV system prior to direct submission: Right Caregiver type. What does this mean by caregiver type?

A: Right caregiver type ensures that a service is provided by the appropriate staff member. For example, a service such as skilled nursing must be provided by either a registered nurse, or a licensed practical nurse.

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59. Only validated claims can be submitted for payment – is this a batch process, I need details on how this works.

A: The provider will use the EVV system to transmit all claims to the MMIS system via the provider web portal. Providers have the option to review each claim and submit them individually or to submit all claims ready for billing at the same time.

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60. For clients/caregivers without phones, how long does the “check in device” take to install?

A: In the situation where neither the client nor the caregiver have access to a phone or the mobile application to record a visit, the EVV program will provide a 'Fixed Visit Verification' or FVV device to be installed in the client's residence. This small device (approximately the size of a deck of cards) can be installed in minutes, and once registered in the EVV system, can be used by the caregiver to capture visit start and stop time information in just a few seconds. Details of how to order, install, and use and FVV device will be provided in the EVV trainings.

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61. For calling in, is there a bilingual option?

A: Yes. The telephone system used by the EVV system has English and Spanish call prompts. Additionally, the EVV caregiver training materials and help reference guides are also provided in English and Spanish.

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62. For our live-ins, how do we log sleep time without a time sheet?

A: Details on how to use the EVV system for this scenario will be provided in the EVV training sessions.

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63. What happens if there is a switch in services (from home making/companion to PCA)?

A: Details on how to use the EVV system for this scenario will be provided in the EVV training sessions.

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64. We have shifts that are both PCA hourly (during the day time) and PCA overnight (night time). How will the system handle that?

A: Details on how to use the EVV system for this scenario will be provided in the EVV training sessions.

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65. If the care plan is incorrect, how do we fix it if we have already started services?

A: If the care plan submitted by the Access Agency is incorrect, normal practice is to contact the case manager. The case manager will initiate a change to the care plan which will be sent to Hewlett Packard Enterprise who in turn will transmit care plan additions and updates to Sandata on a daily basis.

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66. How long does an access agency have to load a care plan?

A: Access agencies are required to enter a care plan within seven (7) days from the initial assessment. Once an authorization has been created from the care plan, it will be automatically sent to the EVV system. The EVV system will also receive any new or changed authorizations at least daily to ensure the EVV system is up to date.

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67. Will the training materials be provided in Spanish as well as English?

A: EVV caregiver training materials and help reference guides are provided in English and Spanish. Provider agency training is provided in English only.

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68. How to obtain Fixed Verification Devices for clients?

A: Details of how to order, install, and use the FVV device will be provided in the EVV trainings.

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69. What happens if I have to do a visit prior to receiving an authorization?

A: Visits often occur prior to the care plan being in the portal. You will want to complete EVV for the visit (Check in and out) and once the authorization is received in the EVV system, the visit can be confirmed. The claim can then be submitted to Hewlett Packard Enterprise via the EVV system once the authorization is received.

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70. What sort of EVV reports will DSS be looking at?

A: There are a variety of reports available to both the provider and DSS. DSS will determine which reports they will use to monitor and manage both EVV and HCBS. Providers will have access to the same data and will be trained on reporting as part of the deployment.

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71. When is the next EVV related workshop scheduled for providers?

A: The EVV program will hold multiple introductory EVV webinars providing an overview of the EVV system usage in May/June 2016, while in-depth EVV training will occur in July 2016. We will also continue to post updates and information about the program to the CT DSS CMAP EVV program Web site, Electronic Visit Verification Implementation Page, as it becomes available.

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72. Could you please guide me to where I can register for EVV training?

A: Invitations to EVV Training sessions will be distributed via email and will also be posted to the <http://www.ctdssmap.com> Web site. A link to invitations and training materials will be located on the Electronic Visit Verification Implementation Important Message on the homepage, or by navigating from the homepage to the Provider tab, then the Provider Services tab, then by scrolling down to Provider Training and clicking on the link “here.” This will open another window where the workshop training (date, time, mode of training and location) will be listed. We are currently planning to post training invitations in early June.

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73. Is DSS covering the cost of training office and caregiver staff?

A: Each agency is responsible for training their staff. DSS, Sandata and HPE will provide educational aids in the form of presentations, videos, FAQ’s and training guides that are available on the CT DSS website at: <https://www.ctdssmap.com/CTPortal/default.aspx>. Supporting instructional documentation is also housed in each agency’s EVV database under the HELP tab. Ultimately, it is the responsibility of each agency to train their staff.

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Mobile Visit Verification

74. Will EVV devices be installed in SNF for LTC patients or RCC (Residential Care Centers) for same home patients?

A: No. Clients in a SNF or LTC are not considered community based until discharged. Clients residing in a Residential Care Home (RCH) receiving home and community based services will be included in this mandate.

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75. How will DSS protect those devices from being destroyed?

A: Details of how to order, install, and use the FVV device will be provided in the EVV trainings. This will also include detailed information on how to replace a FVV device if it is damaged.

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76. What if my clients won’t let us use their phone? And my staff doesn’t have smartphones and can’t use mobile visit verification?

A: In those instances when a phone is unavailable, a Fixed Visit Verification Device may be installed in a client’s home which is used to obtain a random number for use in checking in/checking out when a phone is later available. If a phone or Fixed Visit Verification Device are both unavailable, we recommend the caregiver write down their visit start and end times and provide it to their agency. The provider agency will need to use the EVV system, specifically the visit maintenance module, to manually input the visit information. You 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.

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77. Do I have to buy my caregivers smartphones?

A: No, you will not be required to buy your caregivers smartphones for EVV. The ability to use Mobile Visit Verification is OPTIONAL, and up to you and the caregiver.

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78. Where can we find the smartphone apps that support EVV?

A: The EVV system that DSS is implementing for the CMAP program has a mobile visit verification (MVV) application that allows caregivers to use mobile devices equipped with GPS to capture their visit information directly in their compatible smartphone/tablet. The MVV app is available for iOS (v9+) on the iTunes AppStore and Android (v4.4 and higher) from the Google Play store. Search for Sandata MVV to download the application. The EVV training covers use of the MVV app, including instructions on how caregivers will receive their MVV login information. Once the agency has completed their EVV training and has accessed their EVV system, the care givers can use the MVV app to capture visit information.

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79. What is the process by which FVV devices are requested?

A: When an agency feels that a client will be best served by having a fixed visit verification (FVV) device installed in their location, the agency will make the request for a device from the DSS. This will be done using the FVV device request form, which the DSS will make available as the program launches. Once this short form is completed, the agency will submit their request to the DSS using the instructions included in the form, for the DSS to review and make a decision upon.

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80. Who makes this request?

A: The request to have a fixed visit verification (FVV) device installed in a client's location is made by a representative of the provider agency, who then submits that request to the DSS for review and approval.

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81. Once an MVV GPS exception has been cleared, can it be billed? Or is DSS/HPE approval required?

A: A mobile visit verification (MVV) based visit that had a GPS exception would be able to be billed as soon as the visit is confirmed. No approval or intervention from DSS or HPE is required to submit that bill.

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82. Is it possible to not provide the client phone number on the MVV app? Some providers did not want their caregivers to have access to the client phone number and are also restricted from sharing the phone number in certain cases.

A: The Mobile Visit Verification (MVV) app allows caregivers to securely log into the EVV system via their GPS enabled mobile device, and record their visit times and activities using their location rather than the client's home phone. This system also restricts the visibility of client information to only those clients the caregiver is authorized to view. At present, the MVV system does not restrict the caregiver using the MVV system from seeing the phone numbers associated with the client that are stored in the EVV system.

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New

83. The Mobile Visit Verification app (MVV) occasionally stops responding and presents only a solid black or solid white screen. What do I do to resolve this?

A: The MVV app will occasionally have corrections and enhancements that may require the app to be updated. Occasionally these updates will require the MVV

app's data to be purged. If the user is experiencing a solid white or black screen, it may be due to a recent update. The recommended solution is to clear the device's data / cache and restart the MVV app. In order to do this, follow the directions below, depending on the type of mobile device being used:

For Android OS devices:

- Navigate to the 'Settings' menu by tapping the cog icon in your notification shade.
- Select the 'Apps' (please note that this could be 'Application' or 'Applications Manager' depending on your device), and locate the 'Sandata MVV' app to clear the cache.
- Tap on 'Storage' and the button for clearing the cache and app data will become available.
- Select to clear the cache and restart the MVV app.

For Apple iOS devices:

In order to purge the data cache on an iOS device, the MVV app must be uninstalled and reinstalled.

- To do this, click and hold on the MVV app until the icon begins shaking and the removal 'X' appears.
- Click on the 'X' to remove the MVV app. This step will also purge the data cache.
- Press the home button to exit app removal mode.
- Once the app has been removed from the iOS device, go to the App Store to download the latest version of the MVV app.
- Search for 'Sandata MVV' from the App store, and select the 'Sandata MVV' app.

Download the most current version of the app from the App Store, and provide your log-in information to begin using the app again.

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Electronic Visit Verification

84. I am a little confused over whether the EVV would pertain to all our home care aides and nurses that we bill to DSS or just the cases we have that are billed to SWCAA and AASCC?

- A:** To determine whether your agency will be impacted by this change, please click on the following link: EVV Service Code Listing for the most current list of all Mandated and Optional EVV Targeted Services. DSS' EVV system must be used for these mandated services for clients in the Connecticut Home Care, PCA and ABI Programs. Important: Home Health services, such as skilled nursing, home health aide and therapy services provided to clients enrolled in HUSKY only, are not included in this implementation.

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85. What happens with services that are NOT required to pass through EVV, i.e. therapy? Will they be managed through the portal? Will those claims need to be split from services managed through EVV?

- A:** Services that are not EVV required by the DSS for the CMAP program must continue to be billed and handled through the current process. Therapy services billed by Home Health Agencies are included in EVV.

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86. How will each caregiver be identified in EVV?

- A:** The agency will receive detailed instructions on how to set up each caregiver in the EVV system, including providing them unique IDs that are used for visit verification. The EVV system will know and use each caregivers unique ID and information to automatically verify who they are when they record visit information.

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87. How will employee know what care plan to follow if the care plan has not yet been loaded?

- A:** Caregivers currently provide services prior to the care plan being loaded into the care plan portal. Case managers contact the agency with a request to commence service. This practice will not change. Additionally, during the EVV training, agencies will learn how to manage a visit verification when they have yet to receive an authorization.

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88. If staff uses client's cell phone to check-in/check-out, from an audit standpoint, how will it be validated that the client/staff were together?

- A:** It is recommended that the IVR call should be completed via the client's land line. While this is the recommended EVV call recording method, the client's mobile phone may also be used to record a caregiver's call-in and call-out times if it has been added by the provider agency to the list of valid phone numbers in the EVV system. If a client's phone is not available for use with the EVV system, the caregiver may use their own compatible mobile device to capture EVV visit information via the mobile visit verification (MVV) application. Per the program, the cell phone being used with MVV should be the caregiver's and not the clients.

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89. Consecutive services ABI...different tasks are performed during an 8 hr. period. There are no set times. Services are very fluid. Other than a definitive set schedule for each service, is there an alternative to handling this?

- A:** In the situations where a caregiver visits a client to provide multiple services originating from multiple authorizations, it is recommended by Sandata that agencies instruct their caregivers to make a single EVV call-in call at the beginning of the visit, followed by call-out call after they complete each service performed during the visit. For example, a caregiver providing two services during a visit would make a call-in call at the beginning of the visit, then a call-out when they completed the first service, followed by a second call-out when they have completed the second service. For non-medical services, the caregiver would enter all of the tasks they provided during the course of the visit. Calls that are made within 2 hours of the schedule time should automatically match to the authorized service within the EVV system. From there, the agency staff would then confirm the visit and confirm the time the caregiver spent during the visit to the appropriate services. At this point, the visit can be billed (and would produce multiple 837 billing invoices- one for each authorized service).

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90. Is there a way to map the permissions in 'my current system' to match what is in the Sandata EVV system, SAM?

A: While the EVV system does allow you to configure an agency's staff ID's to be the same as those used outside the EVV system, and enables the agency's to assign their staff to roles & disciplines consistent with their duties in other systems, the integration of the EVV system to allow single sign on (SSO) or permissions management with other environments is not supported for the CT DSS EVV program.

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91. Task Requirements – for non-skilled visits, tasks are required. The system should not allow a visit to export if it's missing a task. Has this been discussed? The training databases are not currently configured to require a task.

A: The program does require that non-skilled service visits log the tasks performed during the visit when making their EVV call-out. The skilled services are recording their activities in their current care plan, and as such are not required to enter tasks into the EVV system during their calls-out. If a non-skilled caregiver does not enter a task during their call-out, the system will allow that call to be completed. It is the responsibility of the agency staff to ensure that their caregivers are following this policy and to instruct their caregivers in the appropriate process for task entry during every non-skilled visit.

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92. Will the providers have the ability to attach other documents to the client record? (i.e. scanned documents).

A: The EVV system is designed to capture time in and time out for the CT DSS CMAP services. It is not meant to replace the existing plan of care or become the system of record for the client care management. The CT DSS EVV program does not support the ability to attach documentation to the client's record. These activities are recommended to be done in the agency's primary source of care for the client.

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93. Will agencies be able to see the birthdate of the client? (In the training database it is greyed out and the numbers are not visible – only asterisks.)

A: Client date of birth is a data point stored in the EVV system. As a client's date of birth is personal information (PHI/PI) the value may not be visible to all users of the system, depending on the security group / access level that user in the EVV system. For demonstration purposes in the training system, the training staff employed a user account who lacked sufficient access to view that PHI, to show that it can and will be secured from inappropriate viewing.

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94. For combined services where the services blend and don't have an exact start and end time, what do they do?

A: In the situation where a caregiver is providing multiple services during a single visit, and those services blend together (making it difficult to make individual calls-out for each discrete service), we recommend that the caregiver do their best to call into the EVV system to record the start of care, and then perform a call-out as they transition between activities, recording the tasks they performed on each call-out.

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95. Caregivers must set up a password for the EVV system but the office staff will have to maintain that. This seems like a burden for my staff.

- A:** Staff will have to provide caregivers with an initial password which must be changed when they log into the MVV device for the first time. Some agencies have chosen to provide each caregiver with the same password and the caregiver changes the password when they login.

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96. If there is an issue with the Sandata system crashing and I am unable to pay my caregivers in a timely manner, who is held responsible?

- A:** The primary responsibility to pay employees is on the agency. Sandata makes every effort to ensure its system is available in accordance with industry standards. Sandata systems are designed to sustain availability in the event of malfunction primarily through redundant systems. Most malfunctions are recovered on the primary datacenter. For systems that run in parallel in multiple datacenters, the secondary datacenter seamlessly takes over. For most issues, we are able to take part of the system offline and a redundant system maintains live operations.

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97. How can I protect the identity of my caregiver? Do the contractor agreements recognize provider ownership rights to the data they provide? How can I be assured that my caregiver's personal information will not be shared with anyone?

- A:** System access is protected by a unique user ID and password. Providers should maintain the confidentiality of that information. Sandata uses encryption and other security protocols on our servers. Sandata installs and maintains up-to-date firewalls and virus protection, conducts a periodic review of users and access rights, reviews and applies security patches and reviews and analyzes system activity logs. Additionally, when communicating via email to the agencies, Sandata Customer Care will use encryption in their responses when the email contains confidential information.

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98. How will providers be able to manage their caregiver's availability for non-portal clients?

- A:** Management of clients who are not participating in the CMAP program is outside the scope of the CT DSS EVV implementation. Agencies who wish to continue using a pre-existing scheduling system for their caregiver staff may optionally have their vendor interface between their scheduling system and the Sandata EVV system at the agency's cost. This would allow the agency to manage their entire caregiver staff, and deliver only those schedules and activities that require EVV to the Sandata system. For further details on the use of a scheduling interface to the Sandata EVV system, please refer to the CT DSS MAP website's Important Message concerning interface support. Additionally, agencies may choose to use the Sandata EVV system for their lines of business outside of their CMAP program. For inquiries regarding the use of the EVV system for your entire line of business, please contact the Sandata sales team.

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99. Detail all measures that assure provider data protection.

- A:** System access is protected by a unique user ID and password. Providers should maintain the confidentiality of that information. Sandata uses encryption and other security protocols on our servers. Sandata installs and maintains up-to-date

firewalls and virus protection, conducts a periodic review of users and access rights, reviews and applies security patches and reviews and analyzes system activity logs. Additionally, when communicating via email to the agencies, Sandata Customer Care will use encryption when responding if the email contains confidential information.

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100. What occurs in the event of a large telecommunications outage?

A: Sandata's MVV operates in both a connected and disconnected mode. For those caregivers using MVV, the visit will be held on the device until the network is available. Sandata maintains redundant telephony centers in different parts of the country to prevent against any outages beyond their control. Each agency has been assigned one English toll-free Santrax telephony number in each location. Caregivers should be instructed to call the alternate numbers in this case. If there is a local phone network outage and the caregiver cannot make calls from the client's home phone number, the attendant can either use MVV or the agency SPM (EVV) user can use the SAM User Interface to document the in and out times. Caregivers should also call their agency to report any telephony issues.

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101. What measures assure provider's employee data will not be disclosed to other parties?

A: System access is protected by a unique user ID and password. Providers should maintain the confidentiality of that information. Sandata uses encryption and other security protocols on our servers. Sandata installs and maintains up-to-date firewalls and virus protection, conducts a periodic review of users and access rights, review and applies security patches and reviews and analyzes system activity logs.

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102. How long will providers have access to punch data? State and federal wage and hour audits may occur years after the fact.

A: Providers may access the history of their EVV visit data in the system for the duration of the CT DSS EVV program. Sandata's data retention policy is ten years.

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103. If a client is unable to be setup in HP due to eligibility issues and the caregiver is unable to enter a service authorization how do we service the client?

A: A check-in/check-out can still occur, however, an exception in the EVV system will occur indicating an unknown client and unscheduled visit occurred. The Home and Community Based Unit at DSS should be notified of an eligibility issue when a client begins service so action can be taken to resolve the eligibility issue as soon as possible. Providers who identify an eligibility issue at the time of service should send an encrypted email to alternateCare.dss@ct.gov. The client's name, client ID and the date service began or is scheduled to begin should be provided. Place the words "ABI, CHC or PCA Waiver Client Eligibility Issue" in the subject line of the email. If the service orders are not in the HPE system within 7 days of the service order being issued, the appropriate Access or Case Management Agency should be notified that a prior authorization does not exist for a client for whom they issued service orders.

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104. When staff needs to "fix" a task (enter, change or delete), what is the required documentation for supporting such a change if audited?

A: The addition of a task or modification of an existing task requires the user to add a note in the comments section on the “Schedule Details” screen.

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105. Does a schedule/ shift require a punch in/ out in order to be billed?

A: Yes. For all services that are EVV mandated there must be a check-in and a check-out that coincide with the authorization on the portal. If the visit is missing a check-in or check-out time then that visit cannot be billed until the hours are verified with the client and the missing times are documented in the EVV system manually in notes and comments.

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106. What happens if the provider does not cancel a schedule/ shift that was never worked and therefore does not have any punches against it?

A: In the circumstance where an agency has a scheduled visit that was not worked, the EVV system will optionally send alerts when the visit is 5, 15, and 65 minutes overdue. For go-live this feature is not enabled. The visit will be shown in Visit Maintenance as a no-show once the scheduled start time has passed. These will be visible to the agency’s administrative staff within the system maintenance screens.

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107. What do providers do when the service is scheduled without an authorization?

A: The providers can perform the visit and check-in and check-out using the appropriate method but will be unable to bill the visit until the authorization has been provided by the case manager. Schedules cannot be created in the EVV system until a valid authorization is in place.

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108. Are there any direct links (interface) to ADP payroll?

A: The Sandata EVV system records call in and call out durations for the visits provided by caregivers, and is not intended to replace the other mechanisms for provisioning care or paying the caregiver staff. While the CT DSS EVV program does not include integrations for specific payroll services, it does provide a standard payroll export from the system that contains the duration of caregiver activities that were logged in the EVV system. The payroll export specification can be found on the CT DSS MAP website in the Electronic Visit Verification Important Message.

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109. How will Live-in cases be handled where they only pay for hours worked? Can the caregiver check in and out for breaks and lunch?

A: While the Sandata EVV system supports live-in caregivers logging their daily activities at any frequency the agency chooses, the CT DSS program recommends that live-in caregivers log the full amount of time associated with the authorized service, rather than the amount of time actually spent performing services. For most live-in caregivers, the authorized 24 hour service period contains a eight (8) hour sleeping period already included. In these scenarios, the caregiver should call in their time once per service period (i.e. 24 hours) rather than the specific time worked.

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110. Consecutive services ABI...different tasks are performed during an 8 hr. period. There are no set times. Services are very fluid. Other than a definitive set schedule for each service, is there an alternative to handling this?

A: In the situations where a caregiver visits a client to provide multiple services originating from multiple authorizations, it is recommended by Sandata that agencies instruct their caregivers to make a single EVV call-in call at the beginning of the visit, followed by call-out call after they complete each service performed during the visit. For example, a caregiver providing two services during a visit would make a call-in call at the beginning of the visit, then a call-out when they completed the first service, followed by a second call-out when they have completed the second service. For non-medical services, the caregiver would enter all of the tasks they provided during the course of the visit. Calls that are made within 2 hours of the schedule time should automatically match to the authorized service within the EVV system. From there, the agency staff would then confirm the visit and confirm the time the caregiver spent during the visit to the appropriate services. At this point, the visit can be billed (and would produce multiple 837 billing invoices- one for each authorized service).

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111. Dually eligible clients require an ABN (Advanced Beneficiary Notice). How do I upload this to the Santrax system?

A: Clients who are dual eligible for Medicare and Medicaid will be handled by third party liability (TPL) functionality. This functionality will be deploying shortly after the program launch. There will be supplemental documentation and EVV system bulletins to notify agencies of when this will be made available, and how it will operate. It is expected that dual eligible clients will be expected to have an advanced beneficiary notice (ABN), but that document will be retained and stored by the agency, and not uploaded into the EVV system.

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112. Non- skilled visits require tasks to be entered. What happens if my caregiver does not enter a task before they complete the visit?

A: The program does require that non-skilled service visits log the tasks performed during the visit when making their EVV call-out. The skilled services are recording their activities in their current care plan, and as such are not required to enter tasks into the EVV system during their calls-out. If a non-skilled caregiver does not enter a task during their call-out, the system will allow that call to be completed. It is the responsibility of the agency staff to ensure that their caregivers are following this policy and to instruct their caregivers in the appropriate process for task entry during every non-skilled visit. The agency SPM EVV user will be able to add or modify tasks in the system after a visit has occurred.

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113. What do I do if the clients address is different than the address that transferred in?

A: If information transferred in for a client is incorrect or out-of-date the providing agency must contact the Access Agency. The Access Agency will contact the Department of Social Services to have them make the necessary changes.

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114. Will mileage be required to be entered via telephony/MVV or captured through the EVV system?

A: Mileage will not be captured or covered under the EVV system. Any agency or caregiver that logs mileage for services performed should continue to do so in the same process and methodology prior to the EVV system implementation.

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115. When dealing with 2 clients living together, i.e. husband and wife. If the home phone is registered to both patients, the system is not allowing a call in and out for patient 1, then a second call in and out for patient 2.

A: In the situation where an agency has more than one client that shares a single phone number, the caregiver will need to supply each client's Santrax ID separately when making their EVV call, to explicitly identify the recipient of the service being provided.

This scenario is handled in the telephony this way:

- The caregiver will need to enter the client's Santrax ID numbers for each client (these can be found on the Client Address report).
- Upon arrival, the caregiver calls Santrax, enters their Santrax ID, and then when prompted to enter tasks, presses ## to hear the client ID prompt.
- The caregiver then enters the 1st client's Santrax ID, then enters zero when prompted for tasks; enters the 2nd client's Santrax ID, then enters zero when prompted for tasks. If additional clients reside at the address location, additional client's Santrax IDs would be entered, each followed by a zero when prompted to enter tasks for the clients scheduled for the visit.
- At the end of the schedule, the caregiver would repeat the process except instead of entering zero tasks for each client, they would enter the task info for each since this is the out call.

Please note- This is not an issue with MVV, as the unique client is selected for service within the app.

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New

116. How do my live-in caregivers document their time? Do they have to check-in and check-out at 12 midnight?

A: DSS recognizes that it is not convenient for live-in caregivers to capture their time at 12 am, the start of the 24 hour day. As a result, the policy regarding overnight check-in and check-out visit time capture has been changed. Santrax administrators should schedule care beginning at 8 am and caregivers should check-in at 8 am for each scheduled day. Caregivers are not required to check-in or check-out at 12 am or 12 pm. Following these guidelines will reduce the number of exceptions created in the Santrax system.

Examples:

1. Caregiver is scheduled for service code 1022Z- Personal Care Services: Overnight beginning at 8 am.
 - Caregiver checks-in via telephony at 8:00 am on 12/1/16
 - Caregiver checks-out via telephony at 8:00 am 12/2/16.
 - The claim created would be for 1 total unit 1022Z on date of service 12/1/16.

2. Caregiver is scheduled for service code 3026Z – Personal Care Respite Services: Overnight beginning at 8 am for dates of service 12/19/16 and 12/20/16.
 - Caregiver checks-in via telephony at 8 am on 12/19/16
 - Caregiver checks-out at 8 am on 12/20/16 (this also serves as the check-in for the 12/20/16 scheduled service, as long as this next visit is scheduled for 8 am – 8 am)
 - Caregiver then checks-out at 8 am on 12/21/16.
 - The claim generated will be for 1 unit 3026Z for date of service 12/19/16 and 1 unit 3026Z for date of service 12/20/16.

3. Caregiver is scheduled to start service 1022Z – Personal Care Services, Overnight for 8 am starting on date of service 12/20/16 through 12/24/16. On 12/20/16 at 8 am the client is sent to the hospital (without caregiver in attendance) but returns home at 11 am.
 - The caregiver would check-in at 11 am on 12/20/16, the start of care, and check-out the next day, 12/21/16, at 8 am and check-out every consecutive day in that scheduled work week at 8 am, documenting what tasks were performed.
 - On the final scheduled day, 12/24/16, the provider would check out at the time the shift is completed, in this example, 8 am.
 - The claim generated for DOS 12/20/2016 would require a prorated Prior Authorization (PA) 1021Z – Personal Care Services: Per 15 minutes for 11 am on 12/20/16 to 8 am on 12/21/16 for a total of 21 hours.
 - For services performed from 8 am on 12/21/16 to 8 am on 12/24/16 there would be no need for a prorated PA and the claim generated would be for four total 24 hour periods of service code 1022Z for DOS 12/21/16, 12/22/16, 12/23/16 and 12/24/16.

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Scheduling

117. If patient is not “currently eligible” for redetermination purposes, are they still in the EVV? How do we handle retroactive visits/eligibility?

A: Details on how to use the EVV system for this scenario will be provided in the EVV training sessions.

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118. Will I still see my Care Plan prior authorizations in the portal?

A: Yes, your Care Plan prior authorizations will continue to be viewable via the portal.

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119. How do I know if I have a new authorization for a client?

A: You will be able to view all new authorizations on the homepage of your web based EVV system. This home page view is updated in real time. The EVV system will also be set up to notify you when a change has been made to a current authorization, for example, if there is an increase in authorized units.

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120. How will exceptions be handled if there is a new client that has not yet been 'fed' into the system (HPE)?

A: In the situation where an agency has a caregiver visit scheduled for a client that is not yet loaded into their EVV system, it is recommended that caregivers continue to make the check-in and check-out calls even if the authorization has not yet been formally received. The calls will be captured in the EVV system, and once the client record becomes available, it will be loaded into the EVV system automatically. At that point, the agency will create a schedule and attach the caregiver's calls to that specific visit, confirm the visit and then be able to have the bill for it submitted. To more clearly elaborate on this process, we will be providing an EVV training aid soon.

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121. Can I update/change the services en masse (instead of one by one) for already created schedules? When mass editing the time or staff, the service option is greyed out and not selectable.

A: Yes, services for created schedules can be edited as a group, rather than one by one.

- From the **SCHEDULING OVERVIEW** screen, when specifying the search filters, you must also include the current service as one of the filters.
- Once the schedules are displayed on the screen, right-click to highlight the schedules, then right-click again and select **MASS EDIT > SERVICE**.

A **SERVICE** window will then open displaying the list of services. Select the new service, click **SAVE** and select an appropriate reason code for the change.

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Billing

122. Will I be able to submit my claims the current way (portal) after EVV is in place?

A: No, you will not be able to submit claims via the Web portal or via an electronic 837 claim outside of the EVV system. The EVV system allows you to submit your claims via an electronic 837 claim. You may continue to use the Web portal, or submit electronic 837 claims for services not included in the EVV system.

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

A: You will continue to use the same process you use today to see if your claims was 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.

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124. Where do I go to look for status of my submitted claims?

A: How you obtain claim status will not change. You may continue to use the Web portal's claim inquiry or view your remittance advice.

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125. How do I handle remittance files?

A: There will be no changes to your PDF or 835 remittance advice files.

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126. Physician signatures for non-medical SW: can there be an automatic release to bill once signature received?

A: Generally, physician signature holds are only utilized for medical services. Within the EVV system, if a client's billing for services requires a hold awaiting a physician's signature, that hold can be created within the EVV system. Once the physician signature is received, the hold can be lifted and the visits billed the next time the agency goes to submit their billing.

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127. Is the billing interface bi-directional?

A: For the CT DSS EVV program, billing for all EVV-mandated services and those optional services where EVV check-in/check-out is entered via EVV, are handled via the EVV system. The claims (in 837 format) for visits associated with authorizations for these services will be created by the EVV system, and submitted directly to the HPE MMIS system for processing. The EVV system will capture the 999 functional acknowledgement (in 999 format) from the HPE system to confirm that the invoice format was valid, and will be available to providers in the EVV system. The MMIS system will continue to process claims with claim activity reported after each financial cycle via the Remittance Advice (RA), available to providers in the PDF (medical) and CSV (non-medical) format available for download via their secure Provider Web account. The 835 Health Care Payment/Advice transaction can be available to providers upon completion or modification of their Trading Partner agreement and may be downloaded via their secure Trading Partner Web Account. The 835 Health Care Payment/Advice transaction or RA in PDF or CSV format will not be available via the EVV system. Providers will retrieve these transactions as they have done in the past via their secure web accounts.

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128. Once an invoice is generated within SAM, how is the provider expected to reconcile the remittance in their system since they don't post (A/R) within SAM? Would they also need to create an invoice in their current system as well? Please provide workflow.

A: An agency can view all bills that have been submitted through the EVV system via the Billing History section of the system. This shows every 837 that has been submitted by the EVV system. For the CT DSS EVV program, the agency-specific client identifier can be entered into the EVV system, and that value will be included in the 837 submission to HPE, so that the agency's specific ID for the client will then be returned to the agency on the 835, allowing for tracking and reconciliation of the client using values and ID's known to the agency's internal systems.

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129. How are adjustments after payment handled?

A: Claims submitted via EVV must be adjusted by fully recouping the claim using HPE's web portal or via an electronic 837 transaction. Claims must then be re-submitted via EVV. Instructions will soon be made available outlining the steps to resubmit claims via EVV and will be published to the DSS CMAP site.

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130. There are currently two billing cycles per month – is this process staying the same?

A: Yes. There are no changes being made to the billing cycle.

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131. What is the process for resubmitting a claim? Should it be denied/or invoice created and exported and then realize that a correction is necessary?

- A:** Claims submitted via EVV must be adjusted by fully recouping the claim using HPE's Web portal or via an electronic 837 transaction. Claims must then be re-submitted via EVV. Instructions will soon be made available outlining the steps to resubmit claims via EVV and will be published to the DSS CMAP site.

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132. I am having trouble entering my usual and customary rates. What do I do?

- A:** Provider agencies must enter their usual and customary rates into the EVV system. Included in your Welcome Kit are instructions titled "Billing Rates" which detail how to enter those rates. If you have difficulty entering the rates please contact Sandata Customer Care at ctcustomercare@sandata.com or by telephone at 1-855-399-8050.

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Sales

133. We would like to inquire about implementing a payroll system with the new EVV - whom should we contact?

- A:** The EVV system provides a standard extract of information that can be delivered to 3rd party Payroll services/vendors to allow integration with those services. The EVV system can also utilize Sandata's payroll vendor, PayPro, for agency's who wish to use a payroll service but do not have one presently. If your agency is interested in utilizing this, please contact Sal Sparacino (ssparacino@sandata.com) at Sandata to get additional information. Please Note - Use of a payroll service may incur fees from that payroll vendor that are not covered in the implementation of the EVV program.

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134. Does Sandata have tracking and a payroll module? Can we speak to a representative at Sandata directly as we will be paying for this?

- A:** The CT DSS EVV program provides a standard payroll export to all agencies using the EVV system. This generic data export contains information that can be consumed by agencies into their existing payroll services. If your agency is interested in obtaining more information about functionality that is not included in the DSS EVV system, please contact Sal Sparacino at (ssparacino@sandata.com) for further details. Please note that integrated payroll services are not covered in the CT DSS program, and agencies would be responsible for all additional costs for that service.

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135. Will the providers have the payroll function available to them? If not, who can they contact to discuss an add-on?

- A:** The CT DSS EVV program provides a standard payroll export to all agencies using the EVV system. This generic data export contains information that can be consumed by agencies into their existing payroll services. If an agency wishes to add payroll services to their EVV system, they can contact Sal Sparacino at Sandata (SSparacino@sandata.com) to discuss that upgrade. Please note that integrated

payroll services are not covered in the CT DSS program, and agencies would be responsible for all additional costs for that service.

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Interfaces

136. When will the updated specs be posted for interfaces?

A: DSS announced their decision for support of scheduling interfaces in early June. At that point, the formal specification documentation was made available on the CT DSS CMAP site for all agencies to access and review. These can be accessed online at www.ctdssmap.com and can be found in the most recent EVV Important Message on the homepage. If an agency requires additional copies, they can send a request to the Sandata CT interface response team at CTInterface@sandata.com.

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137. Will Sandata be ready with interface testing by 7/31? Is that a hard date or flexible date?

A: As stated in the DSS announcement and updates regarding the support for scheduling interfaces, in order to have a scheduling interface by the September 1, 2016 program launch, agencies would need to register their intent for an interface by 6/30/2016. From there, the agencies would work to create test data to verify their schedule data delivery to Sandata. The submission of this data should be ready by 7/31/2016. Sandata is ready and working with agencies that are ready to test their interface data prior to that timeframe. If your agency does not have your interface test data ready by 7/31/2016, we will continue to work with your team to establish the interface as quickly as possible, but cannot guarantee that it will be ready for the 9/01/2016 program launch. In the event that an agency's schedule interface is not available at program launch, the agency will need to create and manage CMAP client schedules in the EVV system until the scheduling interface is operational.

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138. What happens if the provider agency is ready to test but Sandata is not?

A: Sandata stands ready now to test schedule interface data submissions from agencies who have registered their intent to have a scheduling interface. If your agency is ready to test your schedule interface data submission, please contact our CT interface response team at CTInterface@sandata.com and let us know to whom the testing information should be sent.

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139. Is the SS# of the staff come in via the interface? And, it is encrypted?

A: The social security number (SSN or SS#) is a required data element when setting up staff in the EVV system. Additionally, the SSN is a required data element in the scheduling interface payload when using the CT DSS EVV program's supported scheduling interface. All scheduling interface transmissions are encrypted and handled via HTTPS.

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140. Is the data being pulled in from a third party system the same across the board or will it be specific to each interface?

A: For the CT DSS EVV program, all client and authorization data will originate from the HPE MMIS system. Staff data entry into the system is handled either via manual

entry or through the use of a one-time bulk load of staff for larger agencies with 100+ staff members. This is done in a Sandata standard format. For the scheduling interface that the DSS has announced support for, the source of that scheduling data will vary depending on the systems used by agencies currently. The standardized format and structure of this scheduling interface ensures that the schedule data, while originating in many different scheduling applications, is made consistent for use within the EVV system. All data exports out of the Sandata EVV system are taken from the same source, and are consistent regardless of destination.

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141. What steps do I take to take advantage of the one-time bulk load of staff?

A: An agency can contact Sandata at CTInterface@sandata.com and make this request.

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142. Is it possible for providers to import their physician list from another database they utilize? Is it possible for providers to import their staff list from another database they utilize?

A: Staff entry into the EVV system is a quick and easy process, with only a few key data points required for an administrative staff member or caregiver to be set up and running the EVV system. However, we do recognize that some agencies have more staff than can be entered efficiently by hand. These larger agencies with more than 100+ staff (administrative and caregiver) can request to have their staff list bulk loaded into the EVV system for a one-time, initial load. This is done by listing the agency staff in a Sandata standard format, which is available for review by the agencies upon request. An agency can contact Sandata at CTInterface@sandata.com and make this request. Please note: It is not possible for providers to import their physician list. Each physician must be entered by the provider.

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143. Where can I find the interface docs for “Clients” and “Caregivers”?

A: For agencies that are participating in the CT DSS EVV implementation, all client data is being provided by a direct feed from the HPE MMIS system to the Sandata EVV system. No client interface is needed for this DSS-sourced data. For agencies that are expanding their use of EVV beyond just the CT DSS EVV implementation, to their other lines of business, the interface definition for those agencies will be provided either from the Sandata Sales representative, or the provider implementation specialist.

The entry of caregiver data into the EVV system can be accomplished in three ways:

- Direct manual entry of the caregiver staff can be performed directly into the EVV system using the web-based administrative UI.
- If an agency has a large volume of caregivers to enter at one time (100 or more), Sandata can provide a one-time courtesy load of that staff into the agency’s EVV system, using the agency’s staff information entered into a prescribed spreadsheet format. This spreadsheet format for one-time staff loads can be requested from the ctcustomercare@sandata.com email address. Once the agency has entered their staff information into this format, they will send that completed spreadsheet to the ctcustomercare@sandata.com. Sandata will then review the agency staff content for compliance with the EVV system. Once any errors with the

data contained in the spreadsheet are resolved by the agency, Sandata will then load the final version of the agency staff data into the agency's EVV instance. The loading process for the verified spreadsheet of agency data will typically take two (2) business days to complete.

- If an agency should desire to develop a programmatic interface to share current staff information between their internal systems and the CT DSS EVV system, they may use the supported EVV staff interface. This web-service based system allows agencies to automatically process staff additions and changes that occur in the provider's source systems.

This Sandata staff interface specification is available on the CT DSS MAP website, in the Electronic Visit Verification Important Message bulletin, and can also be requested from the CTInterface@sandata.com email address.

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