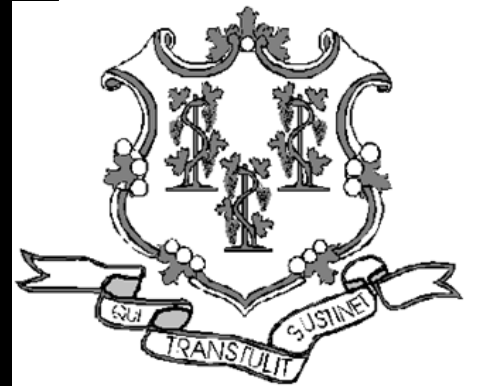


How to Fill out the FVV Device Request Form

**Presented by:
The Department of Social Services & DXC Technology for
Billing Providers**



Course Topics

- **When to Request an FVV Device**
- **Gathering the Appropriate Information**
- **Filling Out Page 1**
- **Submitting a new FVV Device Request**
- **Submitting a Replacement Device Request**
- **Submitting a Return Device Request**
- **FVV Device Denied – Why?**
- **Requested an FVV Device – What Next?**
- **Tips to Remember**
- **Who to Contact With Questions**

When to Request an FVV Device

A Fixed Visit Verification (FVV) device is the check-in check-out option of last resort.

Prior to requesting an FVV device please ensure that telephony or the Mobile Visit Verification (MVV) app is not appropriate for the client.

When should you request an FVV device?

- When the client does not have a home telephone/cell phone or does not allow the caregiver to use their home telephone/cell phone
- When the caregiver does not have a cell phone or does not want to use it for EVV purposes
- Other reasons

Facts about the FVV Device:

- Is assigned to a specific agency and client and **cannot** be used for another client or an unassigned agency
- Is placed in a static location within the client's home
- Is not a recording device
- Is used by the caregiver to check- in and check- out only. Cannot be used as a timeclock

Gathering the Appropriate Information

- You will need to gather the following information prior to submitting the FVV device request.
 - **Provider Agency:**
 - Name
 - Santrax ID
 - Contact Person Name
 - Agency Telephone Number
 - Contact Name Email Address
 - AVRS ID
 - **Client :**
 - First Name
 - Prior Authorization Number
- **Please note:** The FVV device request **cannot** be saved for completion at a later date and must be completed at the time of request.

Filling out Page 1

IMPORTANT: It is critical that your contact information is correct. If this information is incorrect, your request may be denied and there will be a delay in processing your request.

If you need to request a device for more than one (1) client please complete a separate request for each client.

If you have problems or questions while filling out this form please contact CT EVV at ctevv@hpe.com and an EVV representative will be happy to assist you.

*** Please provide the following information. *These fields must be completed.**

Provider Name*:

Santrax ID provided to you by Sandata via your Welcome Kit*:

Contact Name*:

Telephone Number*:

Email Address*:

*** FVV shipping address. This is the agency address to which this FVV device should be shipped to or returned from. This should not be the client's residence.**

Address*:

Address 2:

City/Town*:

State/Province*:

ZIP/Postal Code*:

*** Provider AVRS ID (only 1 AVRS ID per client per agency is necessary):**

*** Client First Name*:**

*** Recent Prior Authorization Number assigned to client (example: 0770123456 or 2016123456):**

*** Is this request for a new, replacement or a return device request?**

The FVV request form is found at:
<https://www.surveymonkey.com/r/FVVRequest>

Form can also be found on the CT DSS homepage found at www.ctdssmap.com

Select "Information" > "Messages Archive" > search for "Electronic Visit Verification Implementation" > subheading "FVV" > "FVV Request Form"

Filling Out Page 1 – Provider Information

Please provide the following information. *These fields must be completed.

Provider Name*:	<input type="text"/>
Santrax ID provided to you by Sandata via your Welcome Kit*:	<input type="text"/>
Contact Name*:	<input type="text"/>
Telephone Number*:	<input type="text"/>
Email Address*:	<input type="text"/>

1. Enter your agency name as registered with CMAP
2. Enter your agency's 4 digit Santrax ID number
3. Enter the full name of the person at your agency who can be contacted with questions
4. Enter the phone number for the contact person
5. Enter the email address for the contact person

Filling Out Page 1 – Provider Shipping Information

The address information in these fields should be the agency's address, **NOT the client's**.

Please double check the address before submitting your request. The FVV device will be shipped to the address in this field.

FVV shipping address. This is the agency address to which this FVV device should be shipped to or returned from. This should not be the client's residence.

Address*:	<input type="text"/>
Address 2:	<input type="text"/>
City/Town*:	<input type="text"/>
State/Province*:	<input type="text"/>
ZIP/Postal Code*:	<input type="text"/>

Filling Out Page 1 – Provider and Client Information

* Provider AVRS ID (only 1 AVRS ID per client per agency is necessary):

* Client First Name*:

* Recent Prior Authorization Number assigned to client (example: 0770123456 or 2016123456):

* Is this request for a new, replacement or a return device request?

4

- New Device
- Return and Replace Device
- Return Device

Next

1. In this field please enter your agency's AVRS ID.
2. In this field please only enter the client's first name. Please **do not** enter the client's entire name.
3. In this field please enter a prior authorization(PA) number assigned to the client. The prior authorization number can be found via your secure web account on the www.ctdssmap.com website. You will have to search for the client using their Medicaid client ID.
4. In this field please choose if this is a new request, a replacement request or a return request.

Filling Out Page 1 – Provider and Client Information

How do I find the client's prior authorization (PA)?

First, log into the Secure Site.

Home Information Provider Trading Partner Pharmacy Information Hospital Modernization

home site map about us

Information

- [Publications](#)
- [Links](#)
- [Important Information](#)
- [RA Banner Announcements](#)
- [HIPAA](#)
- [Regional Office Locations](#)

Provider

- [Provider Services](#)
- [Provider Search](#)
- [Provider Enrollment](#)
- [EHR Incentive Program](#)
- [OOS Instructions/Information](#)
- [Secure Site](#)

Trading Partner

WELCOME

TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM

WELCOME TO THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM WEB SITE, PROVIDED BY DXC TECHNOLOGY ON BEHALF OF THE CONNECTICUT DEPARTMENT OF SOCIAL SERVICES. THIS SITE PROVIDES IMPORTANT INFORMATION TO HEALTH CARE PROVIDERS ABOUT THE CONNECTICUT MEDICAL ASSISTANCE PROGRAM. THIS SITE CONTAINS A WEALTH OF RESOURCES FOR PROVIDERS INCLUDING ENROLLMENT, BILLING MANUALS, BULLETINS, PROGRAM REGULATIONS, PLUS INFORMATION ON ELECTRONIC DATA INTERCHANGE AND THE AUTOMATED ELIGIBILITY VERIFICATION SYSTEM.



Filling Out Page 1 – Provider and Client Information

How do I find the client's prior authorization (PA)?

First, log into the Secure Site.

Home Information **Provider** Trading Partner Pharmacy Information Hospital Modernization

home provider enrollment provider re-enrollment provider enrollment tracking provider matrix provider services provider search
drug search provider fee schedule download ehr incentive program oos instructions/information
fingerprint criminal background check info aca ordering/prescribing/referring provider list e-mail subscription **secure site**

Login

The Connecticut Department of Social Services Medical Assistance Program secure website is intended for providers, clerks and billing agents.

If you have received your Personal Identification Number letter, click on the setup account button.

[setup account](#)

User ID*

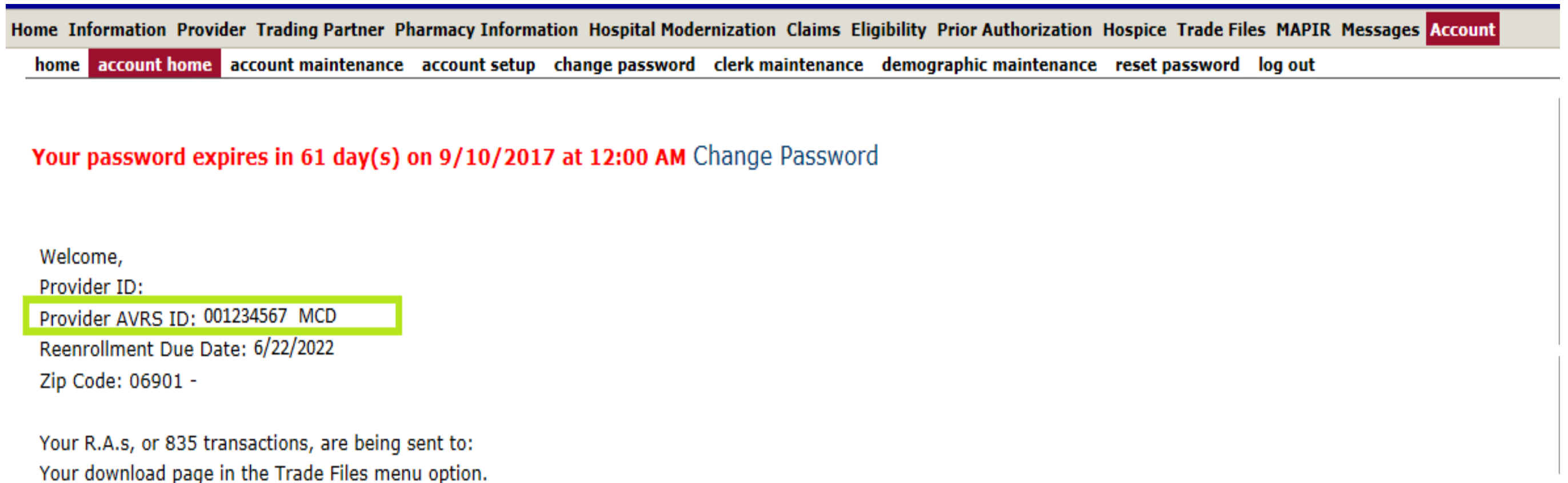
Password*

[login](#)

Filling Out Page 1 – Provider and Client Information

How do I find the client's prior authorization (PA)?

After you have logged into the secure site, you will see your AVRS ID number. ***Please make a note of this number, you will need the AVRS ID to submit an FVV device request.***

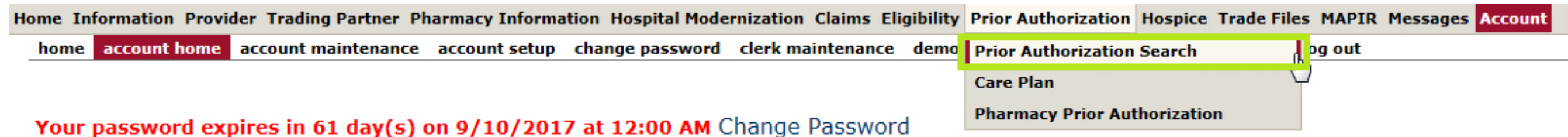


The screenshot shows a web application interface with a navigation bar at the top. The navigation bar includes links for Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. The Account link is highlighted in red. Below the navigation bar, there is a secondary menu with links for home, account home, account maintenance, account setup, change password, clerk maintenance, demographic maintenance, reset password, and log out. The account home link is also highlighted in red. The main content area displays a warning message: "Your password expires in 61 day(s) on 9/10/2017 at 12:00 AM Change Password". Below this, there is a welcome message: "Welcome, Provider ID:". The Provider AVRS ID is displayed as "001234567 MCD" and is highlighted with a green box. Below the AVRS ID, the Reenrollment Due Date is "6/22/2022" and the Zip Code is "06901 -". At the bottom of the main content area, there is a message: "Your R.A.s, or 835 transactions, are being sent to: Your download page in the Trade Files menu option."

Filling Out Page 1 – Provider and Client Information

How do I find the client's prior authorization (PA)?

Once on the secure site, click [Prior Authorization](#) > [Prior Authorization Search](#).



The screenshot shows a navigation bar with the following items: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, Prior Authorization, Hospice, Trade Files, MAPIR, Messages, and Account. Below this bar is a secondary menu with items: home, account home, account maintenance, account setup, change password, clerk maintenance, demo, Prior Authorization Search, and log out. A dropdown menu is open under 'Prior Authorization Search', showing 'Care Plan' and 'Pharmacy Prior Authorization'. A red notification banner at the bottom left reads: 'Your password expires in 61 day(s) on 9/10/2017 at 12:00 AM Change Password'.

Filling Out Page 1 – Provider and Client Information

How do I find the client's prior authorization (PA)?


Search by **Client ID**. Further define search by **date, procedure or list code**.

The screenshot shows a web application interface for searching prior authorizations. At the top, there is a navigation bar with links: Home, Information, Provider, Trading Partner, Pharmacy Information, Hospital Modernization, Claims, Eligibility, **Prior Authorization** (highlighted), Hospice, Trade Files, MAPIR, Messages, and Account. Below this is a breadcrumb trail: home > **prior authorization search** > care plan > pharmacy prior authorization. A 'Quick Link' box contains a link to 'Web Guide - Prior Authorization Search'. The main content area is titled 'Provider 001234567 MCD' and 'Prior Authorization Search'. The search form includes several fields: 'Client ID' (highlighted with a green box), 'Client Name', 'Search Pharmacy PAs only' (checkbox), 'Requested Eff Date', 'Requested End Date', 'Authorized Eff Date', 'Authorized End Date', 'Prior Authorization', 'PA Assignment' (dropdown), 'PA Assign - Sub' (dropdown), 'Procedure' (with a '[Search]' button), 'Revenue Code' (with a '[Search]' button), 'Proc/Mod List', and 'Procedure Code List' (with a '[Search]' button). At the bottom, there is a 'Records' dropdown set to '20' and two buttons: 'search' and 'clear'.

Filling Out Page 1 – Provider and Client Information

How do I find the client's prior authorization (PA)?

Search results by client ID provide all PAs authorized for the client under the provider's care. **Please make a note of the Prior Authorization number. You will need this number to submit an FVV device request.**



Search Results											
Prior Authorization	Line Item	Authorized Effective date	Authorized End date	Authorized Units	Authorized Dollars	Status	Determination Date	PA Assignment	PA Assign - Sub	Procedure	Mod
2016053008	01	02/07/2016	02/13/2016	5	\$0.00	Auto Approved for Care Plan	0	PCA	Initial		
2016053009	01	02/07/2016	02/07/2016	1	\$0.00	Auto Approved for Care Plan	0	PCA	Initial	S5140	U2
2016053007	01	02/08/2016	02/13/2016	32	\$0.00	Auto Approved for Care Plan	0	PCA	Initial	2040Z	



Submitting a New FVV Device Request

Submitting a New FVV Device Request

FVV New Device Request

Exit

This FVV Device Request Form is to be used when no other option exists to perform visit check-in/ check-out. Prior to requesting a FVV device you must have verified that the client meets the following criteria:

1. Client does not have a home telephone
2. Client has a home telephone but refuses to allow the caregiver to use it for EVV purposes
3. Client does not have a cell phone
4. Client does have a cell phone but refuses to allow the caregiver to use it for EVV purposes
5. Caregiver does not have a smart phone
6. Caregiver chooses not to use the Mobile Visit Verification (MVV) app

To request a FVV device you will need to fill out this FVV Device Request Form in its entirety. If the device request is approved, a device will be sent to your agency. If the device request is denied, you will be contacted by Hewlett Packard Enterprise and asked to provide additional information regarding your request. DSS needs to ensure that telephony and MVV options have been fully evaluated prior to approving the FVV device.

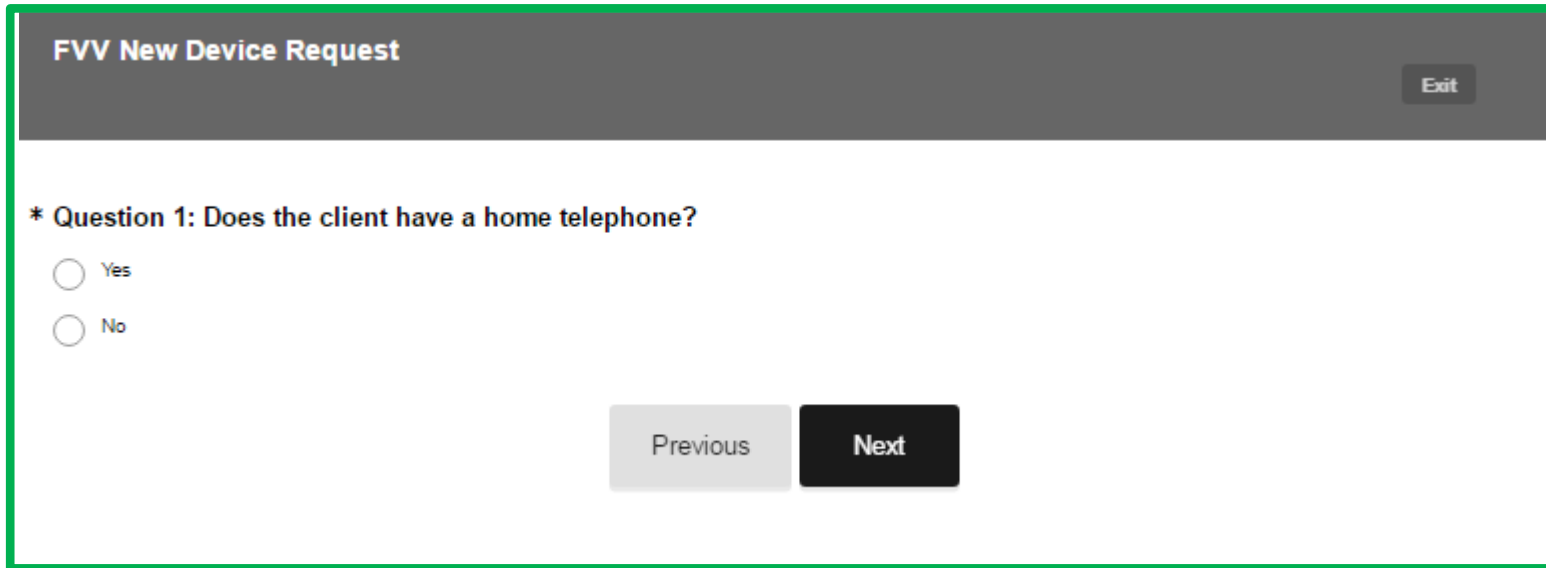
If you need to request a device for more than one (1) client please complete a separate request for each client.

Previous Next

Review this information carefully. This page provides the criteria required to request a FVV device for a client.

On every page you must select "Next" to move to the next page.

Submitting a New FVV Device Request



FVV New Device Request Exit

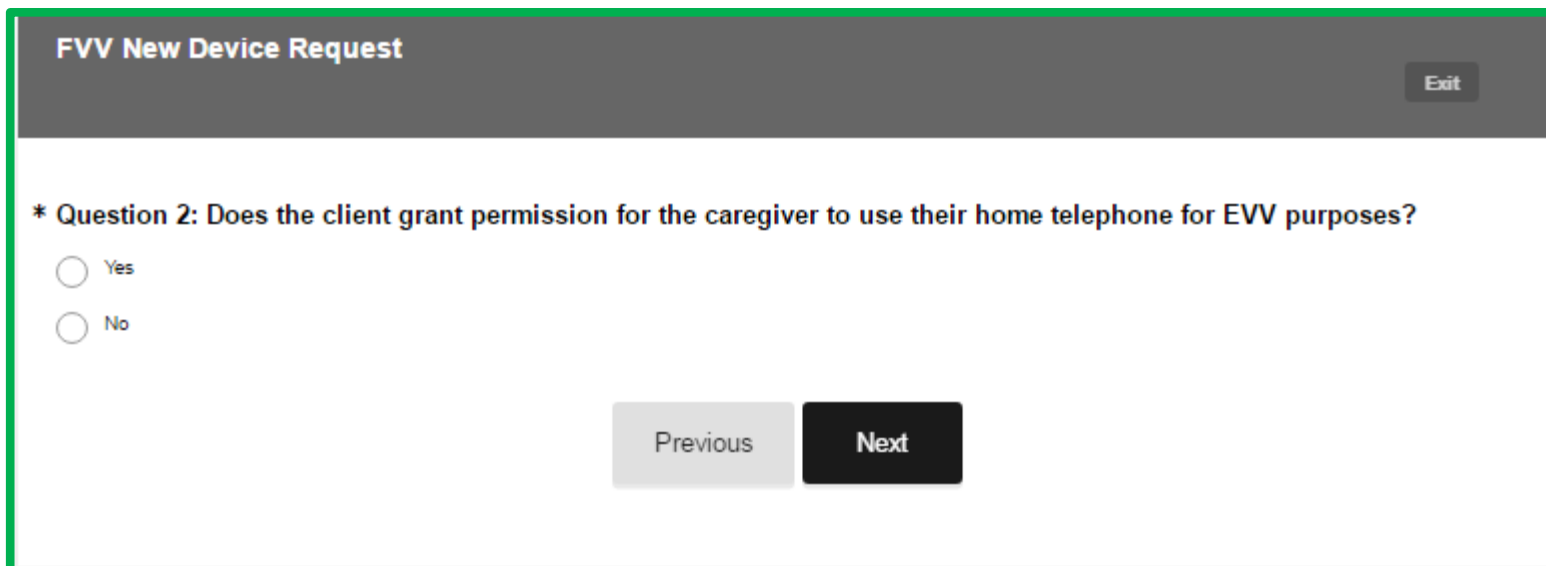
* Question 1: Does the client have a home telephone?

Yes

No

Previous Next

Question 1: Does the client have a home telephone?



FVV New Device Request Exit

* Question 2: Does the client grant permission for the caregiver to use their home telephone for EVV purposes?

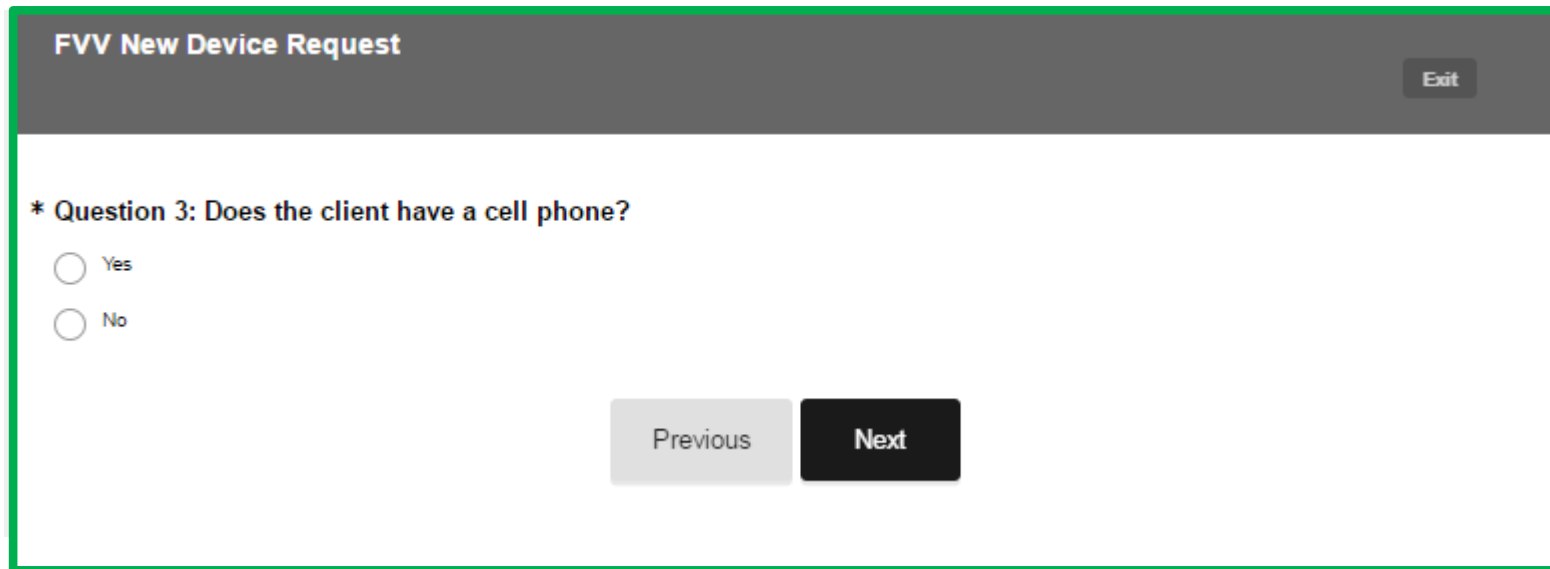
Yes

No

Previous Next

Question 2: Does the client grant permission for the caregiver to use their home telephone for EVV purposes?

Submitting a New FVV Device Request



FVV New Device Request Exit

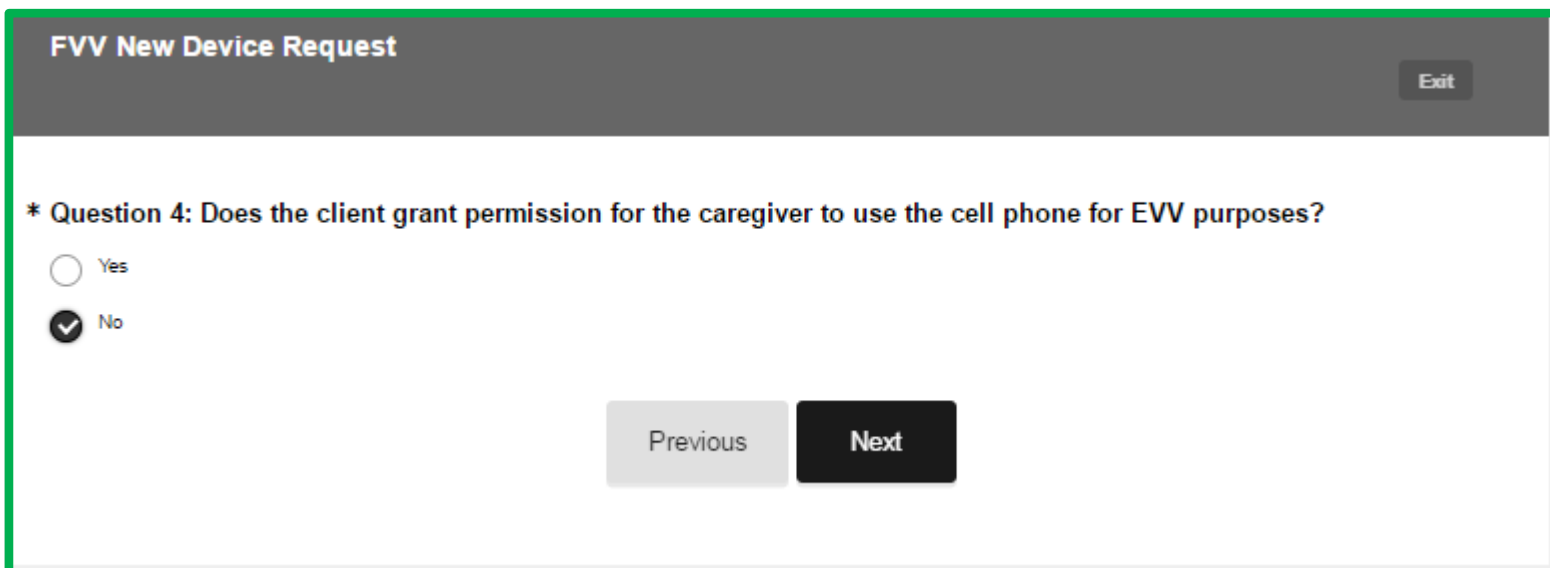
* Question 3: Does the client have a cell phone?

Yes

No

Previous Next

Question 3: Does the client have a cell phone?



FVV New Device Request Exit

* Question 4: Does the client grant permission for the caregiver to use the cell phone for EVV purposes?

Yes

No

Previous Next

Question 4: Does the client grant permission for the caregiver to use the cell phone for EVV purposes?

Submitting a New FVV Device Request

FVV New Device Request Exit

* Question 5: Does the caregiver have a smartphone?

Yes

No

Previous Next

Question 5: Does the caregiver have a smartphone?

FVV New Device Request Exit

* Question 6: Is the caregiver willing to download and use the MVV application on their smartphone?

Yes

No

Previous Next

Question 6: Is the caregiver willing to download and use the MVV application on their smartphone?

Submitting a New FVV Device Request

FVV New Device Request Exit

Question 7: Is there another reason that the FVV device is appropriate for this client?

* Question 8: How many EVV mandated clients does your agency service?

Previous Next

Question 7: Is there another reason that the FVV device is appropriate for this client?

Question 8: How many EVV mandated clients does your agency service?

Thank You Exit

If your request is complete, please click on the "Submit" button below. Your request is NOT complete until you submit it. After your request has been submitted an EVV representative will contact you to complete the request. If the request for an FVV device is approved, within ten (10) business days you will receive an encrypted email notification alerting you of the status of your request.

Previous Submit

After you answer the survey questions you will receive this message prompting you to submit your FVV device request. **If you do not click "Submit" your request will not be submitted.**



Submitting a Replacement Device Request

Submitting a Replacement Device Request

When a FVV device needs to be replaced or the FVV device needs to be returned please return the device using the same FVV request form that was used to initially request the device.

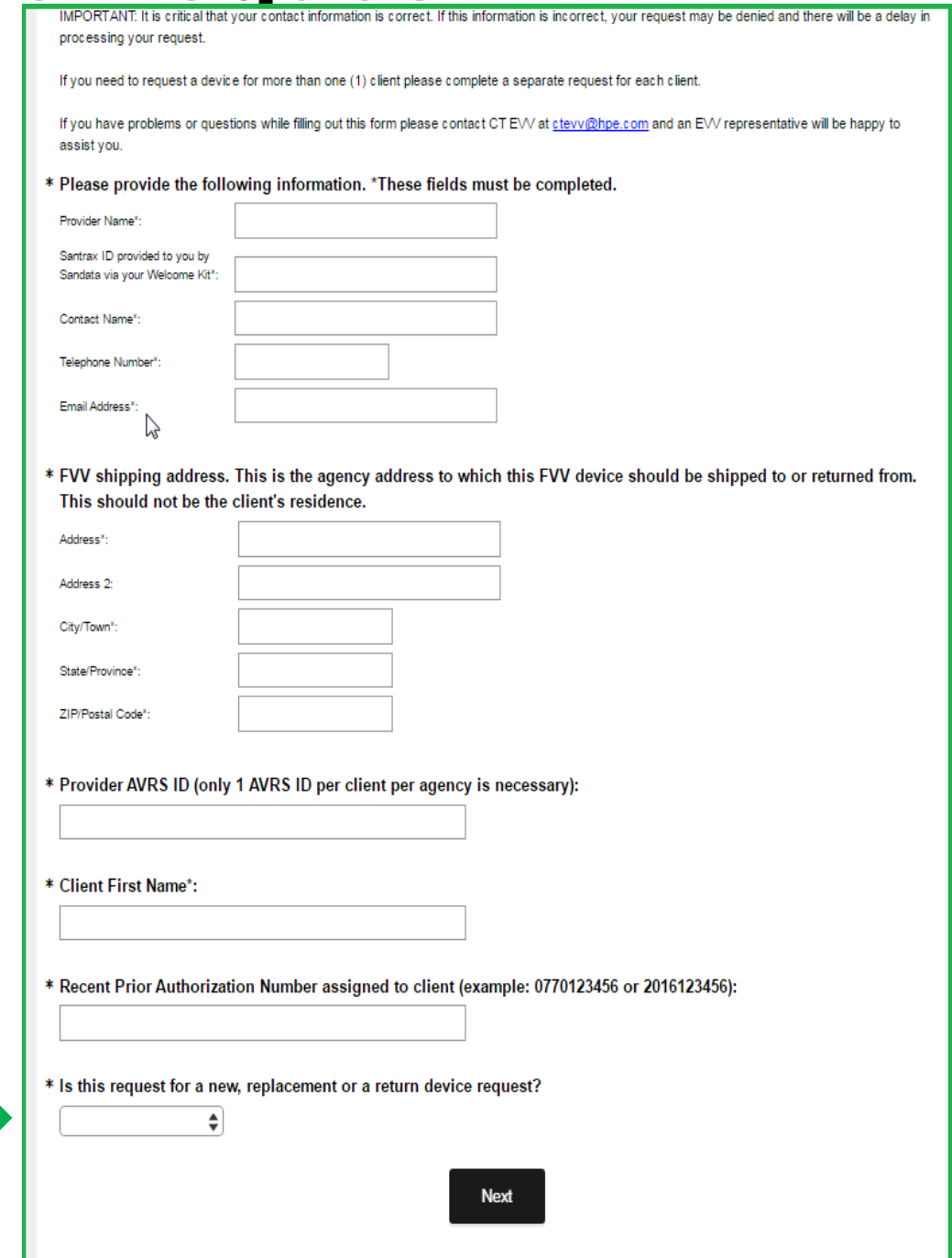
The FVV request form is found at:
<https://www.surveymonkey.com/r/FVVRequest>

To submit a replacement request select “Return and Replace Device”, then click “Next”



* Is this request for a new, replacement or a return device request?

New Device
Return and Replace Device
Return Device



IMPORTANT: It is critical that your contact information is correct. If this information is incorrect, your request may be denied and there will be a delay in processing your request.

If you need to request a device for more than one (1) client please complete a separate request for each client.

If you have problems or questions while filling out this form please contact CT EVV at ctevv@hpe.com and an EVV representative will be happy to assist you.

* Please provide the following information. *These fields must be completed.

Provider Name*:

Santrax ID provided to you by Sandata via your Welcome Kit*:

Contact Name*:

Telephone Number*:

Email Address*:

* FVV shipping address. This is the agency address to which this FVV device should be shipped to or returned from. This should not be the client's residence.

Address*:

Address 2:

City/Town*:

State/Province*:

ZIP/Postal Code*:

* Provider AVRS ID (only 1 AVRS ID per client per agency is necessary):

* Client First Name*:

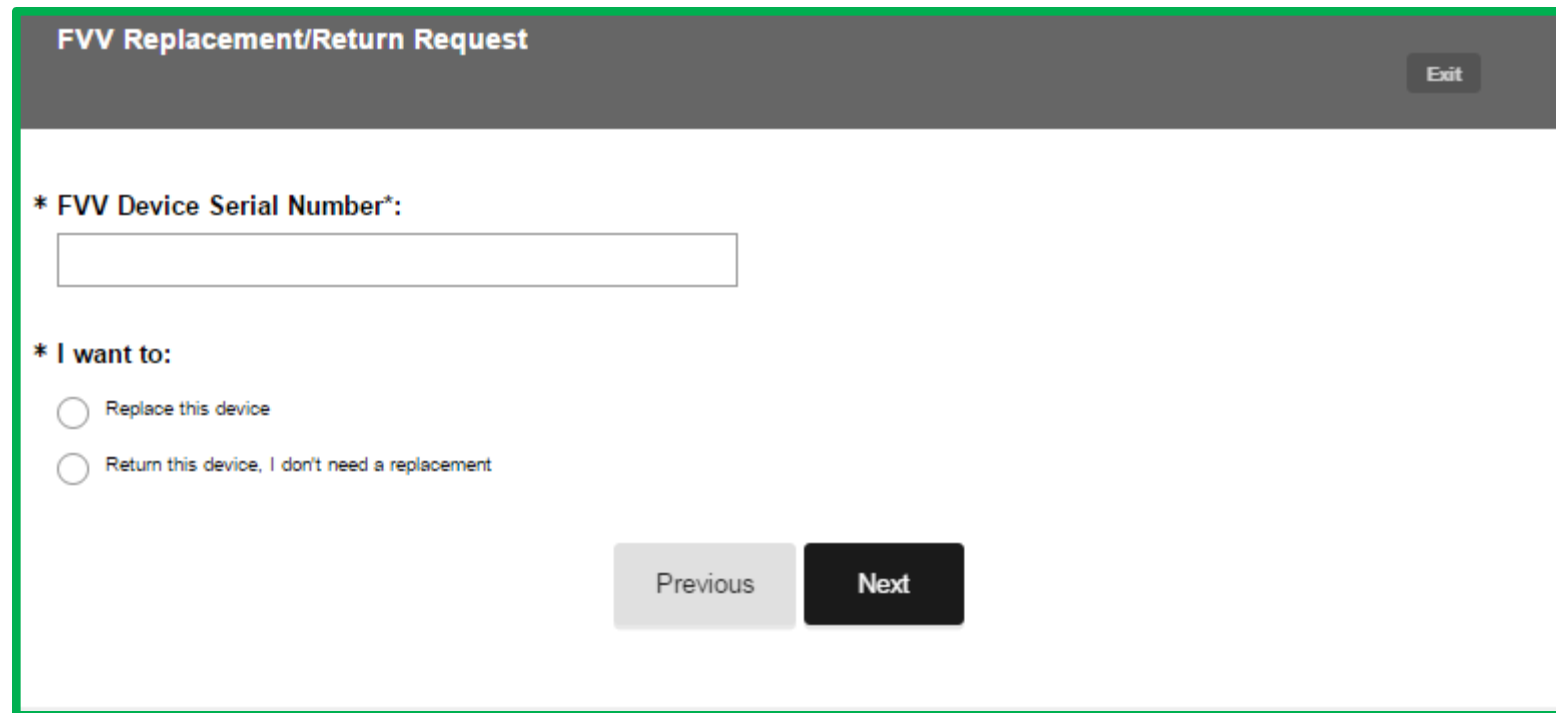
* Recent Prior Authorization Number assigned to client (example: 0770123456 or 2016123456):

* Is this request for a new, replacement or a return device request?

Next

Submitting a Replacement Device Request

When you need to replace or return a FVV device please return the device using the same FVV request form that was used to initially request the device.



The screenshot shows a web form titled "FVV Replacement/Return Request" with a dark header bar containing an "Exit" button. The form contains the following fields and options:

- A required field labeled "* FVV Device Serial Number*:" with an empty text input box.
- A required section labeled "* I want to:" with two radio button options:
 - Replace this device
 - Return this device, I don't need a replacement
- Navigation buttons at the bottom: a grey "Previous" button and a black "Next" button.

You will need:

- FVV device serial number
- A reason for the return/ replacement

Submitting a Replacement Device Request

Reason for Replacement Exit

* Reason for Replacement*(Please check all that apply):

- Device Lost
- Device Damaged
- Device Battery Not Functioning
- Other (please specify)

Previous Next

Please make a selection documenting the reason why the device is being replaced. Please be detailed in your response.

Thank You Exit

If your request is complete, please click on the "Submit" button below. Your request is NOT complete until you submit it. After your request has been submitted an EVV representative will contact you to complete the request. If the request for an FVV device is approved, within ten (10) business days you will receive an encrypted email notification alerting you of the status of your request.

Previous Submit

After answering the survey questions you will receive this message prompting you to submit your FVV device request. **If you do not click "Submit" your request will not be submitted.**



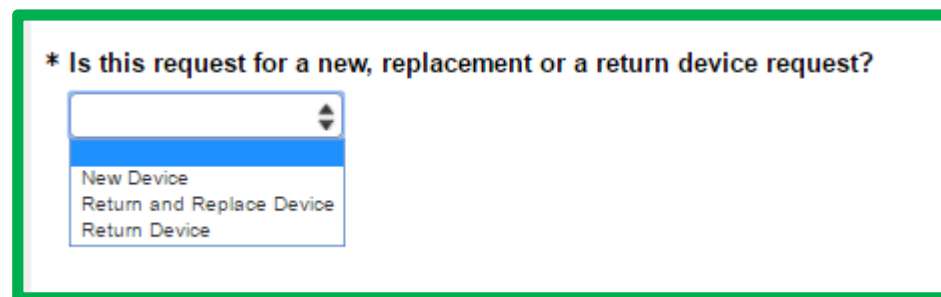
Submitting a Return Device Request

Submitting a Return Device Request

If a FVV device needs to be returned, please use the same FVV request form that was initially used to request the device.

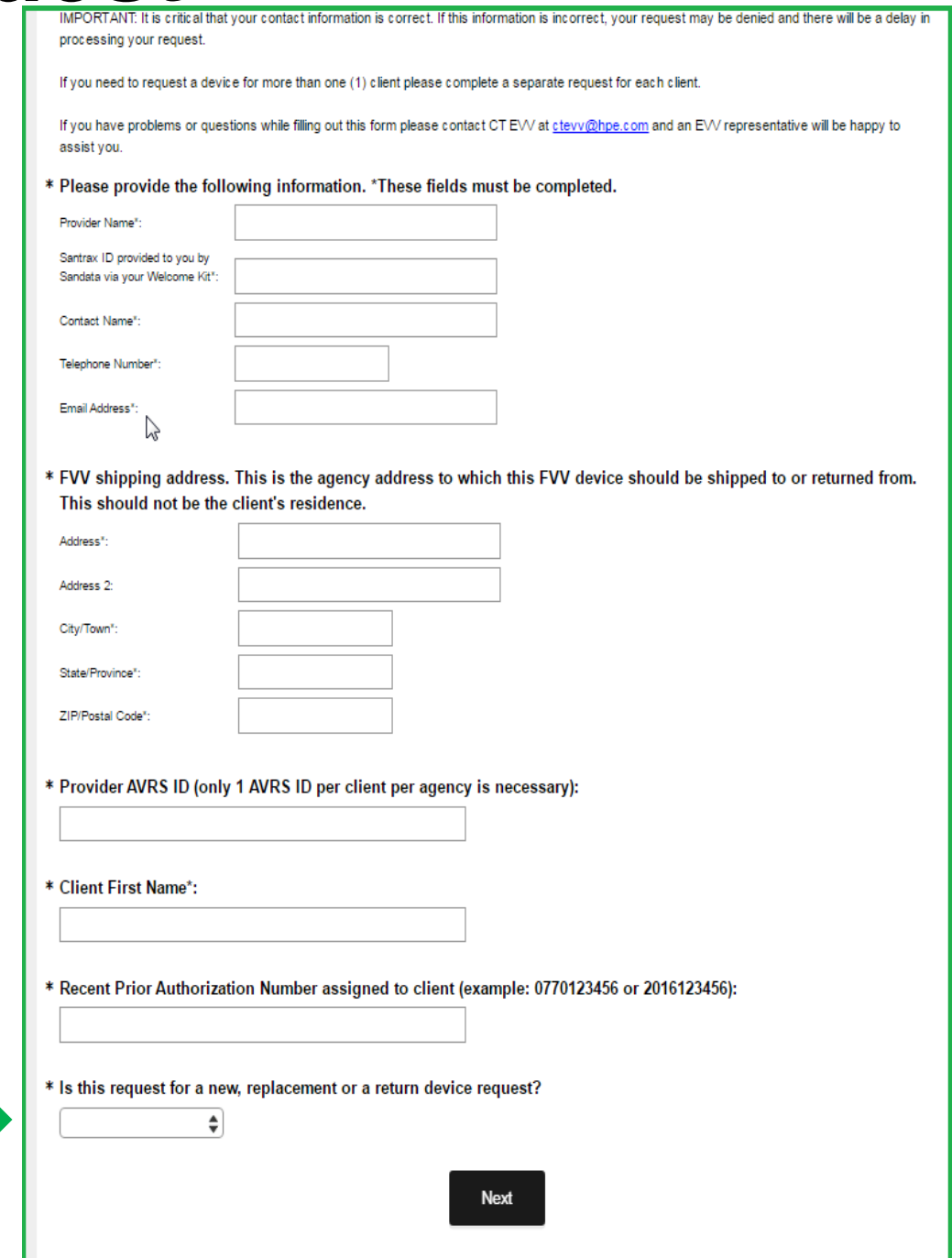
The FVV request form is found at:
<https://www.surveymonkey.com/r/FVVRequest>

To submit a replacement request select “Return Device”, then click “Next”



* Is this request for a new, replacement or a return device request?

New Device
Return and Replace Device
Return Device



IMPORTANT: It is critical that your contact information is correct. If this information is incorrect, your request may be denied and there will be a delay in processing your request.

If you need to request a device for more than one (1) client please complete a separate request for each client.

If you have problems or questions while filling out this form please contact CT EVV at ctevv@hpe.com and an EVV representative will be happy to assist you.

* Please provide the following information. *These fields must be completed.

Provider Name*:

Santrax ID provided to you by Sandata via your Welcome Kit*:

Contact Name*:

Telephone Number*:

Email Address*:

* FVV shipping address. This is the agency address to which this FVV device should be shipped to or returned from. This should not be the client's residence.

Address*:

Address 2:

City/Town*:

State/Province*:

ZIP/Postal Code*:

* Provider AVRS ID (only 1 AVRS ID per client per agency is necessary):

* Client First Name*:

* Recent Prior Authorization Number assigned to client (example: 0770123456 or 2016123456):

* Is this request for a new, replacement or a return device request?

Next

Submitting Return Device Request

Reason for Return Exit

*** Is the device damaged or inoperable?**

No

Yes

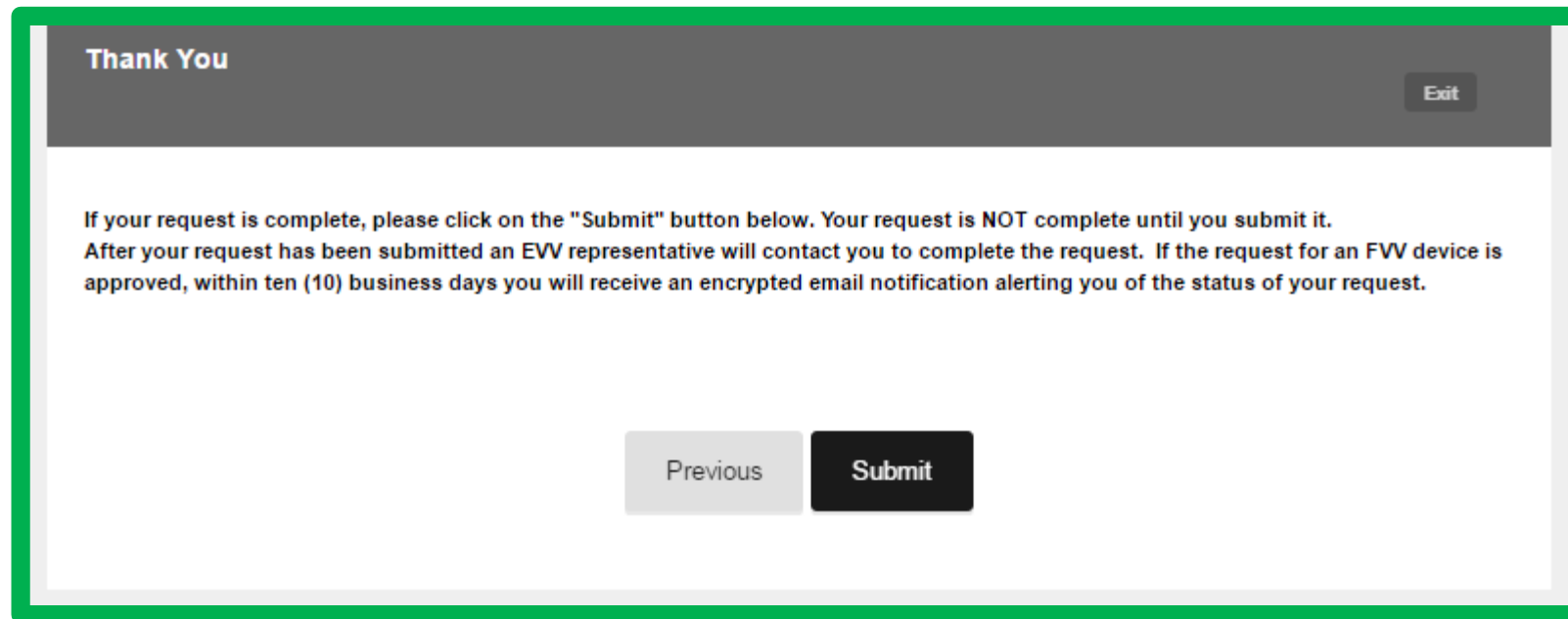
I don't know

*** Reason For Return*(Please be as detailed as possible):**

Previous Next

Please make a selection documenting why the device is being replaced.
Please be detailed in your response.

Submitting a Return Device Request



Thank You Exit

If your request is complete, please click on the "Submit" button below. Your request is NOT complete until you submit it. After your request has been submitted an EVV representative will contact you to complete the request. If the request for an FVV device is approved, within ten (10) business days you will receive an encrypted email notification alerting you of the status of your request.


Previous Submit

After answering the survey questions you will receive this message prompting you to submit your FVV device request. **If you do not click "Submit" your request will not be submitted.**

FVV Request Denied – Why?

FVV Request Denied – Why?

You will receive this denial message if responses to the survey questions indicate that the check-in/-out times can be obtained via telephony or the MVV app.



The screenshot shows a mobile application interface with a dark grey header bar containing the text "FVV Request Denied" and an "Exit" button. Below the header, the main content area is white and contains the following text: "Based on your response that either the client will allow you to use their telephone or the caregiver is choosing to use the MVV app, your request for a FVV device is denied. If your responses were incorrect, you may submit another request." Below this, it says "If you need more information on how to use telephony or the MVV app please contact Sandata customer service at 1-855-399-8050 or by email at ctcustomer@sandata.com ." At the bottom, it says "To request a FVV device for another client [please click here.](#)" At the very bottom of the screen, there are two buttons: "Previous" (disabled) and "Next" (active).

When could your FVV device request be denied?

- If the client has a home or cell phone available for caregiver use
- If the caregiver has a cell phone they are willing to download and use the MVV app on



Requested an FVV Device – What Next?

Requested a FVV Device – What Next?

What happens after you submit a FVV device request?

The FVV device request is reviewed. If the client is unable to be verified the provider will be contacted via email for additional information. **If the client cannot be verified, the FVV device request will not be processed.**

Once the request has been approved, providers will receive their FVV devices within 7-10 business days. At the time of shipment, the requesting agency will receive an email confirmation with a shipment tracking number.

Requested a FVV Device Replace/ Return Request – What Next?

What happens after you submit FVV device replace or return request?

The FVV device request is reviewed. If the client is unable to be verified, the provider will be contacted via email for additional information. **If the client cannot be verified, the FVV device replace or return request will not be processed.**

Once the return request has been approved, a return envelope will be sent to the requesting agency. **Please only use the return envelope provided to ship the FVV devices back to Sandata.**



Tips to Remember

Tips to Remember

- If you need more than one FVV device, each request must be submitted **separately**.
- You can only submit FVV device requests for clients that are **active** with your agency.
- FVV devices are assigned to **one (1) client at one (1) agency**. They cannot be used for clients that they are not assigned to.
- If an FVV device is malfunctioning or is no longer needed it must be **returned** to Sandata.



Who to Contact with Questions

Who to Contact With Questions

Providers may have questions about who to contact regarding EVV related issues. **If after reviewing the information below you are unsure who to contact for assistance, please send an e-mail to ctevv@dxc.com.** You are also encouraged to send an e-mail the ctevv@dxc.com mailbox if you feel you need additional support resolving your issue. Please be sure to include your Sandata ticket number if applicable.

- If you are **missing a client** from your Santrax system or have clients that you are unfamiliar with, please send a secure email to ctevv@dxc.com.
- If a **prior authorization (PA)** is present on the www.ctdssmap.com portal but is not present in the Santrax system, please send an email to ctevv@dxc.com.
- If you are experiencing **issues with the Santrax system** and its functionality please contact Sandata Customer Care. They can be reached at 1-855-399-8050 or by email at ctcustomer@sandata.com.

Important: Do not email client identifying data unless you encrypt your e-mail.



Questions/ Comment



Thank you.