

DSS EVV Program Frequently Asked Questions:

Updated 12/26/17

(Last updated on 12/26/2017) Please note: Revised data will appear in red.

General

1. What services require EVV?
2. What services are included in EVV, but are not mandated?
3. Do I have to use EVV? What happens if I don't use it?
4. Can I opt out of using EVV?
5. Is there a process for managing system and training issues?
6. Is this only for the waiver programs, or all of Medicaid?
7. Who paid for the EVV system?
8. Does this cost me anything?
9. Do I need additional staff to manage EVV?
10. Do I have to do the required HCBS manual documentation in addition to EVV?
11. What if I already am using an EVV technology? Do I have to give that up for yours?
12. This feels like a lot of extra work for me, why is the State doing this?
13. Does the State measure providers in a new way?
14. Who do I call if I have question or complaint about EVV?
15. How does the EVV system work with the DXC Technology portal?
16. Can I use EVV for my other services/programs?
17. Can I continue to use my current scheduling system?
18. Since DSS/DXC Technology have jurisdictional view, can they see staff data? If yes, what data elements? There is strong concern from Providers about providing the caregiver SS#.
19. For what specific audit purpose is providing the caregiver SS# necessary?
20. Does the payroll extracts reflect hours or just check- in/out times?
21. Is the system supported by the Windows 10 Edge browser?
22. **How do I correct a client's telephone number or address?**
23. Does 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?
24. How does EVV impact the audit extrapolation process?
25. Do agencies still need to use paper timesheets for their caregivers?
26. Can the state or any state agency ask Sandata for a list of the client data for a provider (agency)?
27. 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.



28. What should a caregiver do if they are unable to check-in/-out using telephony because the client is using the phone at the start/end of care?



29. What should I do if I no longer need the FVV device?

Implementation

30. Who is responsible for installing the program? Do I contact my IT specialist to do this?
31. Integration (Schedules to EVV system): what data elements, file type, how to send (process) and how often (frequency)?
32. Integration (EVV Visit data back to scheduling system): what data elements, file type, how will it be sent back (process) and how often (frequency)?
33. When will I be provided the ability to get set-up?
34. How do we obtain the Sandata id #? (Need to find out how the providers can implement the EVV system)
35. The claims that are submitted is there a way to export them into QuickBooks?
36. How do providers satisfy the ABN (Advanced Beneficiary Notice) requirement? Is there a way to upload documents to the system?
37. Can providers request additional Santrax language lines?
38. There is no MSW code in the non-medical task list. How do we document MSW?
39. 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?
40. Are providers still called for initial referral or is this handled in the DXC Technology/ Sandata system?
41. 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?
42. 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

43. How many people can attend training from each home care agency?
44. How does the system validate the caregiver's identity? What caregiver data elements does the system require?
45. 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?
46. Providers are able to "fix" bad/missed punches – how does this work?
47. 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?

48. Claims are validated in the EVV system prior to direct submission: Right Caregiver type. What does this mean by caregiver type?
49. Only validated claims can be submitted for payment – is this a batch process, I need details on how this works.
50. For clients/caregivers without phones, how long does the “check in device” take to install?
51. For calling in, is there a bilingual option?
52. For our live-ins, how do we log sleep time without a time sheet?
53. What happens if there is a switch in services (from home making/companion to PCA)?
54. We have shifts that are both PCA hourly (during the day time) and PCA overnight (night time). How will the system handle that?
55. If the care plan is incorrect, how do we fix it if we have already started services?
56. How long does an access agency have to load a care plan?
57. Will the training materials be provided in Spanish as well as English?
58. How to obtain Fixed Verification Devices for clients?
59. What happens if I have to do a visit prior to receiving an authorization?
60. What sort of EVV reports will DSS be looking at?
61. When is the next EVV related workshop scheduled for providers?
62. Could you please guide me to where I can register for EVV training?
63. Does DSS cover the cost of training office and caregiver staff?

Mobile Visit Verification

64. Are EVV devices installed in SNF for LTC patients or RCC (Residential Care Centers) for same home patients?
65. How does DSS protect those devices from being destroyed?
66. 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?
67. Do I have to buy my caregivers smartphones?
68. Where can we find the smartphone apps that support EVV?
69. What is the process by which FVV devices are requested?
70. Who makes this request?
71. Once an MVV GPS exception has been cleared, can it be billed? Or is DSS/DXC Technology approval required?
72. 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.
73. 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?
74. What can the caregiver do when there is no service/signal in the patient's home?
75. What is the proper process to search for a patient on a mobile device (Android, iPhone, iPad, Tablet)?
76. When does the application refresh? On an Android device? On an Apple device (iPhone, iPad)?

77. Can the caregiver change the start and/or end time for a visit?
78. If a caregiver is listed as an MVV user, is it ok if they call in and out on a phone line instead of using the mobile application?
79. If a caregiver neglects to call/clock out at the end of a visit, can they do it later in the day and reset the time?
80. Explain how the GPS is calculated when the device is connected to Wi-Fi? When it's not connected to Wi-Fi?
81. What is "Disconnected" mode and how does that impact the mobile device?
82. Can I start a visit on the device (MVV) and end it via telephony?
83. Why is the start of a visit different on an Android device vs. an iOS device?
84. How often do I need to refresh on an iOS device? On an Android device?
85. Is the Chart ID required for creating an unscheduled visit? Why can't I just search by patient name?
86. Can we use the patient's cell phone if they don't have a home phone?
87. What should a caregiver do if the MVV app is not functioning and they are not able to use it for check-in/-out purposes?



Electronic Visit Verification

88. 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?
89. 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?
90. How is each caregiver identified in EVV?
91. How do employees know what care plan to follow if the care plan has not yet been loaded?
92. 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?
93. 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?
94. Is there a way to map the permissions in 'my current system' to match what is in the Sandata EVV system, SAM?
95. 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.
96. Do providers have the ability to attach other documents to the client record? (i.e. scanned documents).
97. Are agencies able to see the birthdate of the client? (In the training database it is greyed out and the numbers are not visible – only asterisks.)

98. For combined services where the services blend and don't have an exact start and end time, what do they do?
99. 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.
100. 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?
101. 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?
102. How are providers able to manage their caregiver's availability for non-portal clients?
103. Detail all measures that assure provider data protection.
104. What occurs in the event of a large telecommunications outage?
105. What measures assure provider's employee data will not be disclosed to other parties?
106. How long will providers have access to punch data? State and federal wage and hour audits may occur years after the fact.
107. If a client is unable to be setup in DXC Technology due to eligibility issues and the caregiver is unable to enter a service authorization how do we service the client?
108. When staff needs to "fix" a task (enter, change or delete), what is the required documentation for supporting such a change if audited?
109. Does a schedule/ shift require a punch in/ out in order to be billed?
110. What happens if the provider does not cancel a schedule/ shift that was never worked and therefore does not have any punches against it?
111. What do providers do when the service is scheduled without an authorization?
112. Are there any direct links (interface) to ADP payroll?
113. 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?
114. Dually eligible clients require an ABN (Advanced Beneficiary Notice). How do I upload this to the Santrax system?
115. Non- skilled visits require tasks to be entered. What happens if my caregiver does not enter a task before they complete the visit?
116. What do I do if the clients address is different than the address that transferred in?
117. Will mileage be required to be entered via telephony/MVV or captured through the EVV system?
118. 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.
119. How do my live-in caregivers document their time? Do they have to check-in and check-out at 12 midnight?

Scheduling

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

- 121. Can I still see my Care Plan prior authorizations in the portal?
- 122. How do I know if I have a new authorization for a client?
- 123. How are exceptions handled if there is a new client that has not yet been 'fed' into the system (DXC Technology)?
- 124. Can I update/change the services en masses (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.
- 125. What is the four hour tolerance?
- 126. How can I best schedule Home Health visits so that I can reduce the number of exceptions?

Billing

- 127. Will I be able to submit my claims the current way (portal) after EVV is in place?
- 128. How do I know if my claims were accepted or rejected?
- 129. Where do I go to look for status of my submitted claims?
- 130. How do I handle remittance files?
- 131. Physician signatures for non-medical SW: can there be an automatic release to bill once signature received?
- 132. Is the billing interface bi-directional?
- 133. 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.
- 134. How are adjustments after payment handled?
- 135. There are currently two billing cycles per month – is this process staying the same?
- 136. 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?
- 137. I am having trouble entering my usual and customary rates. What do I do?

Sales

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

Interfaces

- 141. Is the SS# of the staff come in via the interface? And, it is encrypted?
- 142. Is the data being pulled in from a third party system the same across the board or will it be specific to each interface?
- 143. 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?
- 144. Where can I find the interface docs for "Clients" and "Caregivers"?

Archive

145. What is the expected timetable for deployment, education and training on the EVV system?
146. What will the interface actually do for us, i.e. is it mainly for the scheduling piece? Not billing or auth?
147. 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.
148. When will we be able to test integration between EVV and our Allscripts software?
149. Will visits and documentation be able to be uploaded to our Allscripts software for A/R and revenue reports?
150. We saw that the date got pushed back for CT until September 1, 2016. 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?
151. Is it possible to have the software installed before July 1, 2016 so that I can review the modules?
152. Will the ability to test the system be provided before the effective date to test the application and the process?
153. Is there a demo site?
154. Can we get a pilot site set up?
155. Can you tell me if a schedule or plan for rolling out the training will be made available and when?
156. When will the training materials be sent to impacted agencies?
157. Will Sandata be ready with interface testing by July 31, 2016? Is that a hard date or flexible date?
158. What happens if the provider agency is ready to test but Sandata is not?
159. What steps do I take to take advantage of the one-time bulk load of staff?
160. When will the updated specs be posted for interfaces?

FAQ Responses:

General

1. What services require EVV?

A: The list of services that are mandated to use EVV can be found on the Electronic Visit Verification Implementation Important Message. To determine whether your agency is required to use EVV, please click on the following link EVV Service Code Listing for the most current list of all Mandated and Optional EVV Services.

[EVV Service Code Listing](#)

[Back to top](#)

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

A: The list of services that are optional to use EVV can be 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.

[Electronic Visit Verification Implementation Important Message](#)

[Back to top](#)

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

A: Yes, in order to provide these services and be reimbursed by the Connecticut Medical Assistance Program (CMAP), you will be required to use the EVV system. If you do not use this system, claims submitted outside of this system will be denied for error code 0630 – “Claim must be submitted via EVV system”.

[Back to top](#)

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.

[Back to top](#)

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

A: Yes. Providers have access to the Learning Management System (LMS). In the LMS, providers have access to a suite of web based tools & reference guides, including recordings of the actual trainings to assist in training office staff and caregivers. These trainings can also serve as refresher trainings for those who need assistance with particular parts of EVV usage. Additionally, your agency also has access to the Sandata EVV Support Center for questions and issue resolution.

[Back to top](#)

6. 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 (CHC), Personal Care Assistant (PCA) and Acquired Brain Injury (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).

[Back to top](#)

7. Who paid for the EVV system?

A: The Connecticut Department of Social Services (DSS) paid 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 DSS EVV Services.

[Back to top](#)

8. Does this 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.

[Back to top](#)

9. Do I need additional staff to manage EVV?

A: Depending upon the agency size, it is not uncommon to need additional resources during the implementation phase in terms of training both office staff and caregivers. 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 successful EVV use for your agency.

[Back to top](#)

10. Do I have to do the required HCBS manual documentation in addition to EVV?

A: EVV replaces the requirement for signed paper time and activity sheets. Providers are expected to document any changes made to data in the Santrax system, in the appropriate notes section to substantiate any changes made.

[Back to top](#)

11. 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.

[Back to top](#)

12. 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.

[Back to top](#)

13. Does the State measure providers in a new way?

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

[Back to top](#)

14. 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/DXC Technology at ctevv@dx.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 6:00 p.m. or at ctcustomer care@sandata.com to address your concern.

[Back to top](#)

15. How does the EVV system work with the DXC Technology portal?

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

[Back to top](#)

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

A: DSS paid for the EVV system for clients in the Connecticut Medical Assistance Program for the services listed on the Electronic Visit Verification Important Message. Providers have the option to independently contract with the vendor to use EVV for other services/programs.

[Back to top](#)

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

A: There is a scheduling module within the EVV system. 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 to assist in developing a scheduling interface. If you wish to integrate your scheduling system with Santrax, contact Sandata at ctcustomer care@sandata.com.

[Back to top](#)

18. Since DSS/DXC Technology 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.

[Back to top](#)

19. 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.

[Back to top](#)

20. Does the payroll extracts reflect hours or just check-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 check-in & check-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).

[Back to top](#)

21. 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 v10 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.

[Back to top](#)

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

- A:** In Santrax there are four (4) total telephone lines for each client. The "home" telephone line is populated by the data feed from DXC Technology and, while the information can be altered, any changes made to the "home" line made by the provider are not permanent. The information in the "home" telephone line will refresh nightly and reflect the information reported by DSS to DXC Technology. Corrections to a client's home telephone number must be requested by the client or client representative by contacting the DSS Benefit Center at 1-855-626-6632. Corrections to a client's address should be communicated to the Access Agency responsible for managing the client's care plan. The Access Agency will request the necessary address corrections from DSS. While the address or "home" telephone number is being updated, the remaining three (3) telephone number lines can be used to capture additional telephone numbers to validate visit information. Effective April 1, 2017 additional addresses can also be added to the client's record in Santrax.

[Back to top](#)

23. Does 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".

[Back to top](#)

24. How does 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 helps providers significantly when it comes to audits because this system replaces the client signature requirement and tasks will match the service provided.

[Back to top](#)

25. Do 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.

[Back to top](#)

26. 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.

[Back to top](#)

27. 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 DXC Technology 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 DXC Technology.

[Back to top](#)



28. What should a caregiver do if they are unable to check-in/-out using telephony because the client is using the phone at the start/end of care?

- A:** Providers are expected to check-in as soon as the phone is available for their use. If the caregiver is unable to check-out because they are not able to access the client's phone, the caregiver should document the time the visit concluded in the manner approved by their agency. It is the responsibility of the individual agency to determine how their

caregivers will document their visit time if it cannot be captured using one of the three (3) EVV time capture methods. It has been reported that some agencies require their caregivers to use their cell phone to contact the office staff to report the visit time or the caregiver is instructed to obtain a paper timesheet signed by the client.

If a caregiver is unable to document their visit time using the EVV methods, the office staff must use reason code #9- "Phone in Use by Patient/ Family" to document that call(s) were not made according the schedule.

[Back to top](#)



29. What should I do if I no longer need the FVV device?

FVV devices that are no longer required to capture visit times should be returned to Sandata Customer Care. Providers may use the FVV Request Form to request a return envelope that will be used to send the FVV device back to Sandata. If an FVV device has been lost, providers can use the same FVV Request Form to report a lost FVV device.

The FVV Request Form can be found [here](#).

[Back to top](#)

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 receive access to your web based EVV system upon completion of training via the Learning Management System.

[Back to top](#)

31. 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. Any cost associated with Sandata's assistance in the scheduling interface process will be the responsibility of the provider.

[Back to top](#)

32. 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. Any cost associated with Sandata's assistance in the scheduling interface process will be the responsibility of the provider.

[Back to top](#)

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

A: The EVV Welcome Kit, including website and administrator login credentials are sent to the EVV contact person once the agency has completed the EVV training.

[Back to top](#)

34. 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.

[Back to top](#)

35. 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.

[Back to top](#)

36. 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. 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. Instructions to properly use the TPL functionality in Santrax, including reporting the ABN, can be found on the TPL Job Aid located on the EVV Implementation Important Message.

[Back to top](#)

37. 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 check-out and task entry easily.

[Back to top](#)

38. 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.

[Back to top](#)

39. 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.

[Back to top](#)

40. Are providers still called for initial referral or is this handled in the DXC/ Sandata system?

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

[Back to top](#)

41. 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.

[Back to top](#)

42. 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 DXC Technology.

[Back to top](#)

Training

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

A: It is mandatory that a minimum of two (2) office staff from an agency complete the training in the Learning Management System in order to get access to the Santrax system. When online trainings sessions are offered, providers are requested to limit their registrants to two persons.

Please note: the trainings are not intended for caregivers.

[Back to top](#)

44. 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.

[Back to top](#)

45. 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: Each visit requires the following information: Visit start time, Visit end time and Visit Task(s) performed. The capture of tasks is required for non-medical services **only**, via a drop-down list of tasks in 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.

[Back to top](#)

46. 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. For assistance in fixing bad/missed punches please refer to the Visit Maintenance, Billing and Reports training module on the EVV Important Message.

[Back to top](#)

47. 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 can be found on the EVV Important Message under the subheading, "Important Notice Regarding Prior Authorization Alerts".

[Back to top](#)

48. 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.

[Back to top](#)

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

A: The provider uses 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.

[Back to top](#)

50. 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 can be found on the EVV Important Message under the FVV subheading.

[Back to top](#)

51. 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.

[Back to top](#)

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

A: Details on how to use the EVV system for live-in scenarios can be found on the EVV Important Message under the Job Aid subheading.

[Back to top](#)

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

A: When there is a switch in services performed by the same caregiver, caregivers can utilize a 3 call check-in/ check-out process.

For example, if a caregiver is scheduled for:

08:00-10:00 Homemaker

10:00-11:00 Companion

- The caregiver would check-in at 8:00 to begin the shift
- The caregiver would check-out at 10:00 and enter task(s) performed. This check-out call ends the first service and begins the second service
- The caregiver checks-out at 11:00 and enters task(s) performed. This check-out call ends the shift

The EVV system requires one call at the changeover of services. This call serves as both the check-out call for the first service and the check-in call for the second service. The 3 call process is specific to telephony check-in only. MVV app users will check-in and check-out of each scheduled visit.

[Back to top](#)

54. 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 24 hour PCA shifts can be found in the “Live-In Schedules” document, found on the EVV Important Message under the Job Aid subheading.

[Back to top](#)

55. 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 DXC Technology who in turn will transmit care plan additions and updates to Sandata on a daily basis.

[Back to top](#)

56. 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.

[Back to top](#)

57. 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.

[Back to top](#)

58. How to obtain Fixed Verification Devices for clients?

A: Details on how to request, install and use the FVV devices can be found on the EVV Important Message.

[Back to top](#)

59. 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 DXC Technology via the EVV system once the authorization is received.

Back to top

60. 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.

Back to top

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

A: EVV related trainings and workshops are communicated to providers via bulletins, Important Messages and in the Santrax application messages prior to the trainings. We encourage providers to sign up for trainings as soon as they are announced. Additionally, there are training publications and videos on the Electronic Visit Verification Implementation Important Message that can be used to train new staff and act as refresher trainings for current employees. The training videos and publications can be found at the website below:

[Electronic Visit Verification Implementation Important Message](#)

Back to top

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

A: Invitations to EVV Training sessions are distributed via email and also posted to the 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. Additionally, there are training publications and videos on the Electronic Visit Verification Implementation Important Message that can be used to train new staff and act as refresher trainings for current employees. The training videos and publications can be found at the link below:

[Electronic Visit Verification Implementation Important Message](#) under the “Training Publications and Videos” subheading.

Additionally, Sandata led trainings are announced in the Santrax application.

Back to top

63. Does DSS cover the cost of training office and caregiver staff?

A: Each agency is responsible for training their staff. DSS, Sandata and DXC Technology will provide educational aids in the form of presentations, videos, FAQ’s and training guides that are available on the CT DSS Web site at: www.ctdssmap.com. 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.

Back to top

Mobile Visit Verification

64. Are EVV devices 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 are included in this mandate.

[Back to top](#)

65. How does DSS protect those devices from being destroyed?

A: Details on how to request, install and use the FVV devices can be found on the EVV Implementation Important Message. This also includes information on how to replace a FVV device if it is damaged.

[Back to top](#)

66. 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.

[Back to top](#)

67. Do I have to buy my caregivers smartphones?

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

[Back to top](#)

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

A: The EVV system that DSS implemented 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. Details on how to use the MVV app can be found on the EVV Important Message. Once the agency has completed their EVV training and has accessed their EVV system, the caregivers can use the MVV app to capture visit information.

[Back to top](#)

69. 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 can be found on the EVV Important Message under the FVV subheading. 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.

[Back to top](#)

70. 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.

71. Once an MVV GPS exception has been cleared, can it be billed? Or is DSS/DXC Technology 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 DXC Technology is required to submit that bill.

[Back to top](#)

72. 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.

[Back to top](#)

73. 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.

74. What can the caregiver do when there is no service/signal in the patient's home?

- A:** If the caregiver has successfully logged into the mobile device before using the device's Wi-Fi or data plan (known as Connected Mode), the caregiver can use the application offline (known as Disconnected Mode). The last known caregiver to successfully log in to the mobile device while in Connected Mode is the ONLY login that can be used in Disconnected Mode.

Without network connectivity, the caregiver will ONLY see the last updated Visits list and Patients list from the last time the mobile device was logged into while network connectivity was available. Additionally, the caregiver will not be able to navigate or view the maps section in Disconnected Mode.

[Back to top](#)

75. What is the proper process to search for a patient on a mobile device (Android, iPhone, iPad, Tablet)?

- A:** After log in, the caregiver may browse for patients that exist within their agency or provider using the clients Santrax ID, provided by the agency. Caregivers will search for the patient in the Patients tab. If the device is in Disconnected Mode, and has no network access, the patients in the Patient tab are limited to those from the last time the device was logged in with network access.

Caregivers can only search for a patient when the device is connected to the network (Connected Mode).

[Back to top](#)

76. When does the application refresh?

- On an Android device?
- On an Apple device (iPhone, iPad)?

- A:** A refresh will allow the device to download the real-time visits schedule from the Santrax system. A refresh will also download the real time Patients list from the caregiver's agency. Both Android and iOS follow the same application refresh logic. The application performs a refresh when network connectivity is available upon a caregiver logging into the device and when the caregiver swipes down on the Visits list. A refresh cannot be performed in Disconnected Mode (when no network connectivity is available).

[Back to top](#)

77. Can the caregiver change the start and/or end time for a visit?

- A:** Once a visit has been started or ended, the caregiver cannot alter the visit time captured on the mobile device.

Scheduled times can be modified by the scheduling system of record and will be available in the mobile application upon refresh. See question #87 for information on refreshing your device.

[Back to top](#)

78. If a caregiver is listed as an MVV user, is it ok if they call in and out on a phone line instead of using the mobile application?

A: It is preferable for the caregiver to use the mobile method (MVV) if they are listed as an MVV user, however if the mobile method is unavailable, the caregiver may use the telephony method or FVV to capture their visit times.

[Back to top](#)

79. If a caregiver neglects to call/clock out at the end of a visit, can they do it later in the day and reset the time?

A: When a visit has been started, the caregiver can end the visit at any time, however the caregiver cannot alter visit times captured on the device. See question #88 for more information.

[Back to top](#)

80. Explain how the GPS is calculated when the device is connected to Wi-Fi? When it's not connected to Wi-Fi?

A: To calculate a caregiver's location, the MVV app uses the signal from the GPS satellite system, which is captured by the mobile device using the device's GPS receiver. This is different than Wi-Fi signal reception.

Please note that on many mobile devices, enabling Wi-Fi and Cellular service allows the device to capture GPS coordinates faster.

[Back to top](#)

81. What is "Disconnected" mode and how does that impact the mobile device?

A: Disconnected Mode is when the caregiver logs into the mobile device when the device is not connected to a network. Searching for a patient, refreshing the caregiver's Visits list, and navigating/viewing maps are unavailable in Disconnected Mode.

Please note, to use the MVV app on a mobile device offline (in Disconnected Mode), the caregiver must have successfully logged in to the device previously with network connectivity. The last known caregiver to successfully log in to the mobile device while in Connected Mode is the only login that can be used in Disconnected Mode.

Also, when the caregiver re-establishes an internet connection (either through a Wi-Fi network, or by re-enabling cellular data for the mobile application), the MVV application will securely transmit all visit information collected while in Disconnected Mode back to the scheduling system of record.

[Back to top](#)

82. Can I start a visit on the device (MVV) and end it via telephony?

A: If the preferable method of ending a clock on the mobile application is unavailable, the caregiver may choose to dial the toll-free telephony number to end the visit with a call via Telephony.

When the caregiver logs into the mobile application after a telephone call was made, the visit will not appear instantaneously on the mobile application as the call must first be processed within the scheduling system of record.

[Back to top](#)

83. Why is the start of a visit different on an Android device vs. an iOS device?

A: Both Android and iOS follow the same application start visit logic. There may exist some minor cosmetic differences between the two devices, however the functionality for both devices remain the same.

84. How often do I need to refresh on an iOS device? On an Android device?

A: The caregiver in Connected Mode can refresh the Visits list as often as they would like. A caregiver using the device in Disconnected mode will need to log in and refresh the device at the beginning of the day while on an internet connection. Please see the question [“When does the application refresh? On an Android device? On an Apple device \(iPhone, iPad\)?”](#), question number 87, on how to refresh a mobile device.

[Back to top](#)

85. Is the Chart ID required for creating an unscheduled visit? Why can't I just search by patient name?

A: An unscheduled visit can be started by the caregiver when a visit needs to be made and there is no schedule to accompany the visit. When starting an unscheduled visit, the caregiver is required to input either the patient's Santrax ID or the patient's Chart ID within the scheduling system of record. Caregivers may receive the patient's Santrax ID and Chart ID by contacting their agency.

[Back to top](#)

86. Can we use the patient's cell phone if they don't have a home phone?

A: Providers have three additional phone lines that they can use to capture valid telephone numbers for the client. These phone numbers should be specific to the client and attached to places they frequent often, for example, their place of employment or family members' homes. If a client has a cellular phone, and they would like to use that number for check-in/-out, that number should be entered into the clients records.

[Back to top](#)



87. What should a caregiver do if the MVV app is not functioning and they are not able to use it for check-in/-out purposes?

A: If a caregiver is unable to check-in or check-out using the MVV app because the MVV app is not functioning in the manner expected, the caregiver should document the time the visit occurred. It is the responsibility of the individual agency to determine how their caregivers document their visit time if it cannot be captured using one of the three (3) time capture methods. It has been reported that some agencies require their caregivers to use their own cell phone to contact the office staff to report visit time(s) or the caregiver is instructed to obtain a paper timesheet signed by the client.

If a caregiver is unable to document their visit time using the MVV app, the office staff must use reason code either reason code #24 – “Check-In Not Functioning; Documentation Provided” or reason code #25 – “Check-Out Not Functioning; Documentation Provided” to justify the visit data change, as necessary.

[Back to top](#)

Electronic Visit Verification

88. 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

89. 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.

[Back to top](#)

90. How is each caregiver identified in EVV?

- A:** In the Welcome Kit each agency receives 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.

[Back to top](#)

91. How do 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, in the training materials on the EVV Important Message there are directions in how to manage a visit verification when the provider has yet to receive an authorization.

[Back to top](#)

92. 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 check-in and check-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.

[Back to top](#)

93. 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 check-in call at the beginning of the visit, followed by check-out call after they complete each service performed during the visit. For example, a caregiver providing two services during a visit would make a check-in call at the beginning of the visit, then a check-out when they completed the first service which serves as the check-in for the second visit, followed by a second check-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 during the check-out call. 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).

[Back to top](#)

94. 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.

[Back to top](#)

95. 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 check-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 check-out. If a non-skilled caregiver does not enter a task during their check-out, the system will allow that call to be completed but effective, June 19, 2017 the visit will not be able to be billed. 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. Please note, the definition of skilled services in this context are all services provided by a Home Health agency, including care provided by a Home Health Aide. Tasks are not required to be entered by any staff employed by a Home Health agency.

[Back to top](#)

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

A: The EVV system is designed to capture check- in and check- 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.

[Back to top](#)

97. Are agencies 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.

[Back to top](#)

98. 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 check-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 check-out as they transition between activities, recording the tasks they performed on each check-out.

[Back to top](#)

99. 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.

[Back to top](#)

100 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.

[Back to top](#)

101 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.

[Back to top](#)

102 How are providers 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. 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.

[Back to top](#)

103 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.

[Back to top](#)

104 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.

[Back to top](#)

105 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.

[Back to top](#)

106 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.

[Back to top](#)

107 If a client is unable to be setup in DXC Technology 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 homeandcommunitybasedservicesdss@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 DXC Technology 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.

[Back to top](#)

108 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 detailed note in the comments section on the “Schedule Details” screen.

[Back to top](#)

109 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.

[Back to top](#)

110 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 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.

[Back to top](#)

111 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.

[Back to top](#)

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

A: The Sandata EVV system records check- in and check- 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 CMAP Web site in the Electronic Visit Verification Important Message.

[Back to top](#)

113 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 an 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. Please refer to question #117 in this document for more detailed information.

114 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 was deployed in May 2017 and training in the TPL functionality was offered in June 2017. TPL trainings are available for reference on the EVV Important Message. It is expected that dual eligible clients have an advanced beneficiary notice (ABN), but that document will be retained and stored by the agency, and not uploaded into the EVV system. For more information, please see the TPL job aide under the Job Aid subheading on the Electronic Visit Verification Implementation Important Message found [here](#).

[Back to top](#)

115 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 caregivers log the tasks performed during the visit when making their EVV check-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 check-out. If a non-skilled caregiver does not enter a task during their check-out, the system will allow that call to be completed and billed. 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 Santrax Payer Management system EVV user will be able to add or modify tasks in the system after a visit has occurred.

[Back to top](#)

116 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.

[Back to top](#)

117 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.

[Back to top](#)

118 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.

[Back to top](#)

119 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 24 hour live in 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.

This new policy does not impact or change in any way the manner in which care plan authorizations are created by the Access Agencies. When a 24 hour shift is not fully completed, prorating occurs as it has in the past, based on a midnight to midnight timeframe. The policy establishing the shift start at 8:00am was intended to prevent caregivers from making calls at midnight. Claims processing still assumes a date of service represents 12-12. For example, a check-in at 8:00am on Wednesday March 15th for a PCA Per Diem service followed by a check-out at 8:00am on Thursday March 16th will create a claim out of the EVV system for date of service March 15th for one unit of PCA Per Diem. The example below illustrates how the provider manages the schedule and check-in/check-out in EVV, how the care plan is created by the Access Agency and how the provider bills the claim.

Examples:

1. Caregiver is scheduled for service code 1023Z- Personal Care Services: Per Diem Agency 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 1023Z on date of service 12/1/16.
2. Caregiver is scheduled for service code 3028Z – Personal Care Respite Services: Per Diem Agency 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 3028Z for date of service 12/19/16 and 1 unit 3028Z for date of service 12/20/16.
3. Caregiver is scheduled to start providing Per Diem PCA services beginning 11am on 12/20/16 and ends care at 8:00am on 12/24/16. This example illustrates how prorating must occur.
The provider must create 3 schedules:

Schedule 1: 12/20/2016 11:00am – 12:00 (13 hours)

- Caregiver checks-in at 11:00am
- Caregiver **does not** check-out at midnight
- Caregiver checks-out at 8:00am on 12/21/2016 (including entering tasks)
- Visit maintenance will be required to adjust visit hours to 13
- Prior Authorization and claim are submitted with date of service 12/20/2016 for 13 units of 1225Z PCA Agency Per Diem Cannot be Completed, Prorated hourly

Schedule 2: 12/21/2016 – 12/23/2016 8:00am – 8:00am

- Caregiver checks-out at 8:00am on 12/22/2016 and 12/23/2016 (including entering tasks)
- No visit maintenance will be required if check-out occurs as scheduled
- Prior Authorization and claim are submitted with dates of service 12/21/2016 – 12/23/2016 for 3 units of 1023Z– Personal Care Services, Per Diem Agency

Schedule 3: 12/24/2016 12:00am – 8:00 (8 hours)

- Caregiver checks-out at 8:00am on 12/24/2016 (including entering tasks)
- Visit maintenance will be required to adjust visit hours to 8
- Prior Authorization and claim are submitted with date of service 12/24/2016 for 8 units of 1225Z PCA Agency Per Diem Cannot be Completed, Prorated hourly

As a clarification, this 8:00 check-in/8:00 check-out policy does not apply to the 12 hour overnight PCA. The schedule in EVV should reflect the actual start and stop times and the development of the care plan authorizations, including prorating, will continue to occur as it has in the past.

Scheduling

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

A: New clients who are not currently eligible for services will not be in your Santrax system until they are active on their appropriate waiver and have a PA assigned to your agency. Clients who are already active in your Santrax system and have changes to their eligibility, will not be removed from your Santrax system. However, if their eligibility is not corrected when you bill the services performed for this client, the claims will deny.

[Back to top](#)

121 Can 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 www.ctdssmap.com Web site.

[Back to top](#)

122 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 is also 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. You will receive a pop-up notifying you of a change in a client’s PA when you log into the client screen.

[Back to top](#)

123 How are exceptions handled if there is a new client that has not yet been ‘fed’ into the system (DXC Technology)?

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.

[Back to top](#)

124 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.

[Back to top](#)

125 What is the four hour tolerance?

A: The four hour tolerance refers to matching a check-in/check-out to a scheduled visit time. The settings for matching a check-in/check-out to a visit are setup to allow the caregiver to begin a visit four (4) hours before or after the scheduled start time. This check-in/check-out will be matched to the schedule appropriately, disregarding any visit exceptions that may be configured for this account. As of 03/20/2017, this setting was extended to a six (6) hour window.

[Back to top](#)

126 How can I best schedule Home Health visits so that I can reduce the number of exceptions?

A: Home Health agencies should schedule their caregiver visits so that they closely resemble the duration for the client's typical visit. For example, if the client's skilled nursing (SN) visit is usually 15 minutes in duration it would be best to schedule the visit from 12:00 pm to 12:15 pm. This will result in less exceptions due to visit duration. Please note: Do not schedule less than 15 minutes in duration. Any visits that are scheduled less than 15 minutes in duration will receive a duration exception in the Santrax system.

[Back to top](#)

Billing

127 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.

[Back to top](#)

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

A: Providers can see the status of their submitted claims by logging into the DSS portal at www.ctdssmap.com and selecting "Claim Inquiry" under the Claims dropdown menu. There should be few rejected claims since the EVV system makes sure you have all the required claims data prior to submission. You can find directions for resubmitting claims through the EVV system on the Electronic Visit Verification Implementation Important Message found [here](#).

[Back to top](#)

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

A: Providers will continue to use the Web portal to view submitted claims status or to view their remittance advice.

[Back to top](#)

130 How do I handle remittance files?

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

[Back to top](#)

131 Physician signatures for non-medical Social Work: 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. For more instruction in how to use this functionality please see the Physician Hold job aid on the Electronic Visit Verification Important Message, found [here](#).

[Back to top](#)

132 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 DXC Technology MMIS system for processing. The EVV system will capture the 999 functional acknowledgement (in 999 format) from the DXC Technology 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 with DXC Technology 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.

[Back to top](#)

133 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 DXC Technology, 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.

[Back to top](#)

134 How are adjustments after payment handled?

A: Claims submitted via EVV must be adjusted by fully recouping the claim using DXC Technology's Web portal or via an electronic 837 transaction. Claims must then be re-submitted via EVV. Instructions in the claim resubmittal process can be found on the EVV IM.

[Back to top](#)

135 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. Please refer to the billing cycle schedule found on the CT DSS Map Web site.

[Back to top](#)

136 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 DXC Technology's Web portal or via an electronic 837 transaction. Claims must then be re-submitted via EVV. Instructions in the claim resubmittal process can be found on the EVV IM.

Back to top

137 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, and available on the EVV Important Message, 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 ctcustomer@sandata.com or by telephone at 1-855-399-8050.

Back to top

Sales

138 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.

Back to top

139 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.

Back to top

140 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](mailto: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.

Back to top

Interfaces

141 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.

[Back to top](#)

142 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 DXC Technology MMIS system. Staff data entry into the system is handled via manual entry. 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.

[Back to top](#)

143 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. It is not possible for providers to import their physician list. Each physician must be entered by the provider.

[Back to top](#)

144 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 DXC Technology 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.

[Back to top](#)

Archive

145 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.

[Back to top](#)

146 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 DXC Technology, 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 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.

147 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.

[Back to top](#)

148 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.

[Back to top](#)

149 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.

[Back to top](#)

150 We saw that the date got pushed back for CT until September 1, 2016. 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.

[Back to top](#)

151 Is it possible to have the software installed before July 1, 2016 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.

[Back to top](#)

152 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 9/1/16 implementation date.

[Back to top](#)

153 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 9/1/16 program implementation date.

[Back to top](#)

154 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 9/1/16 launch date to both complete EVV system set up and gain experience with the EVV system.

[Back to top](#)

155 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.

[Back to top](#)

156 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.

[Back to top](#)

157 Will Sandata be ready with interface testing by July 31, 2016? 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.

[Back to top](#)

158 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.

[Back to top](#)

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

A: An agency can contact Sandata Customer Care to make this request.

[Back to top](#)

160 When will the updated specs be posted for interfaces?

A: DSS announced their decision for support of scheduling interfaces in early June 2016. 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 .

[Back to top](#)