DDS Provider EVV Questions 12/3/20

DDS EVV Webpage: https://portal.ct.gov/DDS/OperationsCenter/EVV/Electronic-Visit-Verification

DDS EVV Provider Webpage: https://portal.ct.gov/DDS/OperationsCenter/EVV/Provider-EVV-Information

For a copy of the service and task list required for EVV please visit: https://portal.ct.gov/-/media/DDS/evv/CT_DDS_Service_and_Task_List_FILLABLE.pdf

Contact Information:
- EVV system questions for DDS Providers, please contact Customer Support at 1-855-399-8050 or email: ctcustomercare@sandata.com
- EVV questions that pertain to DDS Policy or Procedures email DDS.EVV@ct.gov

1	Date of Implementation: Please discuss the expectations regarding the anticipated implementation date of January 1, 2021.
	The original date of implementation was January 1, 2020. CMS granted Connecticut a one-year good faith extension. The date of implementation remains January 1, 2021.
2	Compliance Expectation: Please discuss how the 90% compliance expectation will be monitored after the initial phase when providers continue to submit service data through Web/Res/Day, and it is compared to the EVV data submitted directly to Sandata by employees. At what point will providers be subjected to any monetary consequence if the 90% expectation is not reached or maintained?
	To clarify, **100% of visits need to be captured in the EVV system** (federal compliance expectation) of which 90% of visits (check-in and check-out) must be recorded through TVV or SMC. Until we have real EVV data for DDS services, it is hard to set expectations as to when we expect providers to reach the 90%. Again, this is separate from the federal compliance requirement of fully operational by January 1, 2021.
3	EVV State Closed Systems: We are concerned regarding the duplicate and triplicate work for our staff in the absence of funding to support providers. The contract signed by the state has caused as significant burden to nonprofits statewide - duplicating the amount of work employees must perform to log into duplicate systems to enter client data that is required by the state and DSS which has come under scrutiny for audit and recoup of hundreds of thousands of dollars. The duplication of data entry directly conflicts with the fee-service goal set by the state to be paid for the actual services you provide and has added additional administrative oversight to each agency. Please discuss any plans to consolidate this process.
	The state has decided to utilize a state-mandated system. This process needs to be maintained in order for providers to be paid and for the State to receive federal reimbursement for those payments. DDS is reviewing the capability of downloading Sandata information into provider-based systems.
4	DDS implemented Electronic Home Supports and expanded it's use during the pandemic to maximize service delivery and minimize exposure in community apartment settings. How are providers able to bill for remote supports for in IHS settings with EVV in place since it requires entering the home to register that the service occurred?

		We are reviewing a few options. We are not yet sure if the virtual visits will be captured in the EVV system or just directly in WebResDay. At this time please continue to bill as you currently do.
5		Potential to balance additional requirements: As EVV adds a new layer of documentation, please discuss any corresponding reductions in documentation that are being considered.
		When mutually agreed upon with the provider and DDS, the provider will no longer be expected to complete WebResDay.
6		Recording IHS: To record IHS services in the EVV system are the only acceptable processes the phone line and the app? - or can laptops/tablets be used?
		Individuals land line, individuals tablet (needs to be equipped with phone capabilities or utilize the app on the tablet for android or ios) and downloaded SMC app. Provider's tablet using the downloaded Sandata Mobile Connect app, Caregivers (DSPs) cannot use their own phone to use TVV but they may use their own phone to access the SMC app only.
7		CMS' Written Guidance: On the EVV workgroup call the other day, Sandata was going to retrieve CMS's written guidance ("from 2016") around the need to enter staff home addresses/SS numbers – has this been obtained?
		The instruction is that only the last 5 digits of the social security number is utilized. Specifically, the detail is to enter "1234" and then the last 5 digits of the social. This is communicated during the provider trainings. **Information from the DSS FAQ** **Since DSS/HPE have jurisdictional view, can they see staff data? If yes, what data elements? There is strong concern from Providers about providing the caregiver SS#.** 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. Specific to the SS# question the instruction is that only the last 5 digits of the social security number is utilized. Specifically, the detail is to enter "1234" and then the last 5 digits of the social. This is communicated during the provider trainings. **For what specific audit purpose is providing the caregiver SS# necessary?** There are multiple reports and analytics that use the data point of caregiver's last 5 social security numbers to aggregate unique caregiver activities across agencies within the program.
8		Communication re: EVV: Communication re: EVV has been going to the agency main POC versus agency EVV POC. This has created confusion. The communication around EVV has been lacking clarity and has not been executed as presented. Please discuss how DDS is working to streamline this process with the implementation so close at hand?
		DDS is adding fields to the Program Profile to allow agencies to provide EVV contact information. All agencies will receive and email with instructions. You can add the EVV contacts information, some providers will want more than one person to act as administrators and prefer an agency EVV email address where more than one person can have access. It is up to the agency to decide if this is the way to go. Like all the information in the Provider Profile, it will be the responsibility of the provider to submit a change for if or when a new Contact is identified.
9		Training: After initial online training there was little material available to utilize for training staff. Sandata support was difficult to obtain and once contacted, still required days of waiting for

	answers which are trickling in. On the app there is no resident signature section. Please discuss any plans to address these concerns.
	
	   a. There is a link on the DDS website for Connecticut DDS Provider Training Channel - https://sandata.wistia.com/projects/7nnbe1ual1 , here you will find mini videos specific to EVV tasks.
	   b. There are additional provider guides coming.

10	EVV Passwords: We would prefer that staff create one EVV password that does not have to be changed frequently – is this a setting inside the system that we can adjust if needed – or does one password hold across time? Passwords - We extended the requirement to 90 days. This is a HIPPA Security Requirement.
11	We have supervising staff that will perform IHS service and also edit/approved the service they provided – is this done the same way as editing any IHS needed – or is it done differently because it is the same person? If you have a staff person who will be both providing IHS supports and completing maintenance in the EVV system, the staff person would need to be assigned multiple roles in the system
12	Client Acceptance: We recently learned that client acceptance of an EVV visit was optional. Is this true? Yes, the individual is not required to accept the visit in the Provider system.
13	Staff Turnover & EVV: In the EVV system if we delete an employee because they have left the agency will their transaction history remain in the EVV system? Yes, history will remain in the system.
14	Approvals: We are beginning trial testing within the EVV Sandata system. How will approvals work? If information is not entered correctly, or overbilling per the CSA occurs, will the system still allow you to submit, or will it come back with an error? If visit units exceed the authorization limit, you will see an Invalid Service Exception. A new authorization with a start date that covers this visit would correct the exception. Incorrect visit information will result in an exception that will need to be corrected prior to payment.
15	How are services recorded when staff are providing services virtually and not at a clients' home? We are reviewing a few options. We are not yet sure if the virtual visits will be captured in the EVV system or just directly in WebResDay. For now, please bill as you currently do for these visits.
16	Is IDC an EVV service? No, IDC was identified last year when the provider workgroup and DDS determined that IND/IDV supports were being provided exclusively in the community by providers. CMS guidance states that supports provided 100% in the community do not require EVV. In July, DDS reached out to providers and asked them to look at their IDN and IDV service authorizations and identify individuals who receive IDN/IDV solely in the community. Resource Management worked with Case Managers to confirm the supports. Authorizations for IDC were created in November.
17	Is IDV an EVV service? Yes. An IDV authorization indicates that all or a portion of supports are provided in the individual's home – if supports are provided 100% in community then the service would need to be transitioned to an IDC authorization.

18	Is dropping a person off at their home an EVV service?
	Transportation is not an EVV identified service.
19	How is data going to be inputted into WebRes Day? Will Sandata send data? Manually inputted by the provider?
	DDS receives all visit data from Sandata. To begin providers will be using two systems, once a 90% efficiency rate is met in EVV. Both the provider and DDS are comfortable, the provider can move away from inputting data into Web Res Day. Providers will be hearing more about this process soon.
20	How are users from providers authorized to talk to Sandata for Technical Support reasons?
	The provider's EVV administrator should be the person contacting Sandata for technical support. It is recommended to assign a backup to the agency's EVV administrator, both should attend training. It is recommended that providers document the tracking number Sandata provides when contacting Sandata Customer Care. Be sure to obtain a Customer Service Ticket # and provide to DDS.EVV@ct.gov should you need to escalate the issue.
21	What training will be provided for DSP's? Administrators? We have seen snippets of videos via sandata but not a really good step by step video.
	Snippets are not a substitution for training. Instructor led webinars are currently being offered to administrators. An invitation was sent to providers in September. The letter contains step by step instructions to access training. Once training is complete video resources continue to be available through the Sandata Learning Management System It is important to note that more than one person from an agency can attend. DSP information is located in your tool kit. Additional guides will be available shortly. Mini videos are available on the DDS website, visit the Connecticut DDS Provider Training Channel - https://sandata.wistia.com/projects/7nnbe1ual1 , here you will find mini videos specific to EVV tasks. https://portal.ct.gov/-/media/DDS/evv/New_Provider_to_Electronic_Visit_Verification.pdf