

Electronic Visit Verification (EVV)

Additional Frequently Asked Questions (FAQs)

August 16, 2019

- **What features does the State's free Sandata system provide and will it enable provider compliance with Waiver/State regulations? Can providers make manual corrections to EVV data?**

The DHS Sandata system will capture and record six required items: type of service; individual receiving the service; individual providing the service; date of the service; location of the service delivery; and time the service begins and ends. Providers will be able to make manual corrections through the web portal.

The DHS Sandata system will comply with the requirements set forth in federal law (the 21st Century Cures Act). The DHS Sandata EVV system may assist providers in satisfying Pennsylvania State regulations for other auditing and compliance purposes, but providers are responsible for ensuring their continued compliance with all state requirements.

- **Will this software also be required for service coordination entities (SCEs)?**

No, SCEs will not be required to use EVV.

- **Does the DHS Sandata system allow for tracking tasks?**

Yes, tasks may be entered into the notes section of the Sandata mobile application.

- **Will providers be able to add multiple service locations?**

Yes. Providers will be able to enter multiple addresses for locations where services are provided into the DHS EVV system, and these addresses can be updated by the provider as needed.

- **Will DHS require tasks to be captured?**

DHS is not requiring the capture of tasks in this phase of EVV implementation; however, DHS will be assessing whether to include tasks in the future since DHS understands the long-term goal for standardization and auditing purposes. Pursuant to federal law (the 21st Century Cures Act), DHS needs to make the rollout of EVV as minimally burdensome as possible since EVV is already going to be a change for many providers. Additionally, it will be difficult at this time to align the task lists across services and this could complicate training efforts and confuse providers and direct care workers in the limited amount of time to implement by January 1, 2020. DHS will be considering the inclusion of tasks in the future as DHS receives feedback and works through future implementation. For auditing purposes, current practices related to tasks should continue since this is a separate practice for quality and compliance that lies outside of EVV requirements.

- **What will providers need to do to make sure each direct care worker is assigned a unique number for reporting purposes?**

If a direct care worker has a [Direct Care Workers Unique Registry ID](#), the provider will use this ID as the assigned ID for reporting purposes. If the direct care worker does not have the Unique Registry ID, then the provider will use the last 5 digits of the caregiver's social security number for reporting purposes.

- **Is a paper time sheet required if a direct care worker misses a clock in or clock out?**

A paper time sheet is not required. Any issues or corrections due to a missed clock in or clock out may be addressed through the web portal by the administrator.

- **What happens when clock in times overlap?**

If caregivers clock in simultaneously, this will generate an exception and will need to be fixed through the web portal by the administrator.

- **What happens if GPS coordinates don't match an approved location for services? Will an exception be generated? Will there be a system error if the locations do not match?**

The GPS coordinates will be captured in the DHS Sandata mobile application at check in and check out. The perimeter for locations is set at ¼ mile in the DHS Sandata system. However, even if the recorded location is outside the ¼ mile perimeter, this will not cause an exception in the DHS Sandata system. Providers will be able to enter multiple addresses where services are provided and these addresses can be updated, as needed. If an error occurs, any system errors may be corrected through the web portal by the administrator.

- **When is an exception generated by the DHS EVV system?**

For this initial phase of EVV implementation, exceptions are generated by the DHS EVV system when one or more of the 6 required items is missing. The six required items are: type of service provided, individual receiving the service, individual providing the service, date of the service, location of the service delivery, and time the service begins and ends.

For providers using Alternate EVV systems, the Alternate EVV technical specifications included [here](#) on the DHS EVV website detail the information that must be captured and submitted to the DHS Aggregator.

- **What happens if a visit is not authorized?**

DHS wants to ensure that necessary services are provided and understands that there will be instances where the visit has not been pre-authorized. In cases where the visit has not been pre-authorized, the provider agency will need to follow up to correct the authorization in the system.

- **Do caregivers need to use the participant's phone?**

DHS does not expect the caregiver to use the participant's phone, although this can be a resource for telephony visit verification.

- **Will DHS provide phones to participants for EVV?**

DHS is not supplying devices for EVV. If necessary, consumers may be able to apply for a device through the Lifeline program. More information on Lifeline may be found here:

<http://www.dhs.pa.gov/citizens/telephoneassistanceprograms/>.

- **Does DHS plan to charge a fee for the DHS EVV system in the future?**

No. DHS does not intend to charge providers to use the DHS EVV system in the future.

- **Will rounding rules be clarified?**

Yes, ODP is building a resource to expound on rounding rules which should be available soon to show examples.

- **Will OLTL and ODP units of services be aligned for EVV?**

No. DHS will continue to follow existing rules and practices related to billing for units of services.

- **Will ODP units of services be aligned with Department of Labor rules?**

ODP billing practices currently meet Department of Labor standards. ODP allows providers to bundle time for claims submissions and the rate assumptions include calculations for non-productive time to account for the time that cannot be billed for use.

- **Are the different languages in the DHS Sandata system also available in telephony?**

Yes.

- **For group in home and community support, can staff enter multiple consumers at the same time?**

The DHS EVV system allows group visits to be captured in two ways: 1) establish Group Visit via Mobile Application, 2) create Group Visit manually in Provider Portal. This will be covered in the DHS EVV system training.

- **Will the state's EVV system and HHAeXchange communicate with each other?**

The DHS Sandata system is not designed to send information to HHAeXchange. HHAeXchange has an interface to transmit data to Sandata. If a provider bills to MCOs, the EVV data in HHAeXchange goes to the MCOs and will also be transmitted to DHS Aggregator.

- **What is the difference between the state's EVV system and HHAeXchange?**

For providers enrolled in Community HealthChoices (CHC), HHAeXchange is offered free of charge by the Managed Care Organizations (MCOs) as an option for EVV compliance. For providers enrolled in DHS home and community-based programs under the purview of OLTL and ODP and in the fee-for-service system, Sandata is offered free of charge by DHS. Both HHAeXchange and Sandata systems will comply with EVV requirements.

- **What if a provider has participants in both CHC and fee-for service waiver programs?**

Providers operating in CHC and other fee-for-service waiver programs are not required to use HHAeXchange or Sandata and may use a third-party (i.e. alternative) EVV system. However, any Alternate EVV system will need to work with both HHAeXchange (for CHC participants) and Sandata (for all other DHS programs) to ensure compatible reporting of EVV-required information. For those providers interested in using one EVV system for both CHC and fee-for-service programs, providers may

work directly with HHAExchange or Sandata to discuss options for expanding the scope of the existing vendor system to include both CHC and fee-for-service program needs. Providers will be responsible for costs associated with any upgrades to the existing systems.

- **What if a provider wants additional EVV features not offered by the DHS EVV system or HHAExchange?**

DHS recognizes that some providers may already be using, or may seek to explore, systems that provide more services and information than that required under the EVV structure for all of the provider's program needs. Certain vendor systems, including HHAExchange and Sandata, may provide this additional functionality. Any such vendor system will need to be compatible with the DHS EVV solution that is provided through Sandata and/or HHAExchange. Please be advised that DHS does not endorse the use of any particular system, upgrades, add-ons or additional services from any vendor, nor should providers be led to believe that such services are suggested or required by DHS, the Commonwealth of Pennsylvania or the federal government. DHS is responsible only for ensuring that EVV requirements are implemented pursuant to federal law.

- **Will providers have costs associated with aggregating data through HHAExchange?**

There should not be costs for aggregating transactions through HHAExchange. Providers should discuss with MCOs regarding any costs.

- **Will the MCOs talk to Sandata?**

Yes, EVV information collected by the MCOs will be shared through the DHS Aggregator.

- **How do PPL and PALCO fit into the DHS EVV timelines?**

PPL is using an Alternate EVV system. Training began on this system in July 2019 with full implementation by October 2019. DHS is still working with PALCO on the EVV system they will be using and will provide updates as soon as they are available.

- **Will PALCO and PPL be doing training for direct staff?**

Yes, PPL will conduct training for both direct care workers and common-law employers starting in August 2019. PALCO will provide trainings once a system has been chosen.

- **Will DHS request a good faith effort extension from CMS to delay implementation until January 1, 2021?**

No, DHS is not planning to submit a request to CMS at this time. However, DHS will continue to review the situation and evaluate the options as system implementation continues.

- **When will the RFP be released?**

DHS is currently evaluating the second phase of EVV and the rollout of EVV for home health care services, which will be required by January 1, 2023. Additional information will be posted to the DHS EVV website in the future.