







After successfully completing this training, you will be able to:

- Understand self-determination
- Understand the CDS Option
- Understand the roles and responsibilities of key players in the CDS Option;
- Understand your specific role as a support advisor

Note: Before learning about CDS, it is helpful to review the following important facts about support advisors and support consultation:

- Support consultation is an optional, budgeted, and paid service available in some programs.
- Support consultation services must be provided by a qualified support advisor. Completing this training is the first step to becoming qualified
- A support advisor provides training and guidance to help CDS employers meet their required employer responsibilities.
- A support advisor's goal is to assist CDS employers with successfully managing the delivery of authorized services through the CDS option
- Every financial management services agency (FMSA) must have a support advisor available to assist CDS employers;
 however, employers do not have to hire the support advisor employed or contracted by their FMSA



What is Consumer Direct Services?



Consumer Directed Attendant Care (CDAC) services are designed to help people do things that they normally would for themselves if they were able. People may reach a point where they need help to remain in their own home. This may happen because of an accident, a lengthy illness, disability, or aging-related.

 Consumer Directed Services (CDS) allows people who receive services from Texas Health and Human Services Commission to hire and manage the people who provide their services.

For more information with the CDS regulations found in Texas Administrative Code (TAC) Title 40, Part 1, Chapter 41. Consumer Directed Services Options



What is CDS Option?



CDS is a service delivery option where the individual who receives services or his or her legally authorized representative (LAR) hires and manages the people paid to provide services. In Texas, individuals have three options to manage their services:

- Agency Option
- Consumer Directed Services Option (CDS)
- Service Responsibility Option (SRO)

For more information on all the options, go to HHSC CDS

CDS is about choice. People make choices based on their own preferences, needs, and support system. In Texas, everyone is given the opportunity to use the CDS option. Imagine not having the opportunity to choose how you will dress, who may help you get dressed or take a bath, how you will set up your budget, what food you will eat, and when or where you purchase food. We all appreciate having options available to us.

Individuals with disabilities want and need to make choices too. The CDS option allows individuals with disabilities to have choice and control over the way they receive their services.

o In CDS, it's important to select employees who are a good fit for the individuals being served and to create a schedule that fits the individual's needs.



CDS Overview



The CDS option provides an opportunity for the individual receiving services, or the individual's legally authorized representative (LAR), to be the **employer** of service providers who deliver program services through the CDS option.

The Employer:

- decides who will provide the services as well as when, where, and how services are delivered;
- recruits, screens, manages, supervises, and trains service providers as needed for delivery of authorized services; and
- determines how much the provider is paid within allocated funds and established spending limits.

In the CDS option, the CDS employer must be either the:

- individual receiving services, who is at least 18 years of age and does <u>NOT</u> have a court-appointed guardian; or the
- LAR, including a parent of a minor, guardian of a minor, managing conservator of a minor, or the legal guardian of an adult (please note, that only a judge can determine guardianship).

<u>Note</u>: An employer may appoint a designated representative (DR) and/or hire a support advisor *to assist the employer* but they *cannot be the employer*.



What Does the CDS Option Offer?



Factors such as lifestyle, decision-making, time and effort, flexibility, personal control, and peace of mind all contribute to the individual's home care management selection.

Some of the reasons individuals select the CDS delivery option are:

- 1. CDS allows people to maintain more control of their direct services.
- 2. The individual receiving services can train their employee on how THEY need and want support. This direct supervision can result in more training and performance feedback.
- 3. Individuals can target advertisements for their specific needs.
- 4. Individuals can hire non-traditional employees, such as friends and church members, who may not otherwise ever apply for work in the general field of attendant care.
- 5. The ability to adjust pay rates or award bonuses for employees based on performance and/or tenure.
- 6. An individual employer may allow their employee to drive during the provision of accompaniment services. The individual employer assumes the liability of the attendant driving.



How Does the CDS Option Work?





- A CDS employer hires his or her own service providers and manages the daily operations of ensuring services are delivered according to the authorized service plan. Service providers may include attendants, respite providers, nurses, or therapists.
- The CDS employer is responsible for hiring, training, scheduling, and approving time sheets for each of his or her service providers.
- The CDS employer is solely responsible and liable for any negligent acts or omissions by the employer; the employee; other employee(s) or service provider(s); the individual receiving services; or, if applicable, the employer's designated representative. The CDS employer must sign From 1728, Liability Acknowledgement, to acknowledge their understanding of employer and employee liability.



The CDS Option Basics



- The CDS option is available in programs in which the person lives in their own home or with family.
- The CDS option is not available for those living in residential, host home, assisted living or institutional settings.
- Everyone is given the opportunity to select the CDS option when available.
- Individuals may receive some services from a provider agency and self-direct other services.
- Individuals can have a direct service agency case manager/service coordinator.
- Individuals choosing the CDS option must select an FMSA.



CDS Self-Directed Services



Not all services in every program can be self-directed. Below is a chart listing the services within each program that can be self-directed and who is responsible for service coordination or case management for each program. Just because a service *can be* self-directed does not mean the individual *has to* self-direct it. An individual can choose to use the agency option for some services and the consumer directed services option for other services.

What is the same and what is the different across Programs?

What is the Same:	What is Different:
The CDS rules (Ch. 41) define the following in all programs: •How the CDS option works •The responsibilities of: •CDS employers (The individual or their legally authorized representative) •Designated representatives •Financial Management Services Agencies, and •case managers or service coordinators •The enrollment process •Budgeting process •Reimbursement	Program rules define: •Which services can be self-directed through the CDS option •Service provider qualifications •Required training for service providers •Required documentation •Who provides case management •Frequency of program monitoring visits



CDS Self Directed Services (cont.)



Program Specific Addendum to Form 1735

FMSAs are required to provide the program specific addendum at the CDS orientation to each new CDS employer. The addendums outline program specific information about the services that can be self-directed, the provider qualifications, service delivery documentation and training requirements.

The **1735 addendums** list program specific information, such as:

services available to be self-directed in the program;

who cannot be hired;

service backup plan requirements; and

training requirements for service providers https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1735-employer-financial-management-services-agency-service-agreement.

FMSAs are required to provide the program specific addendum at the CDS orientation to each new CDS employer.



CDS Rules and Information Letters



In addition to rules, all CDS support advisors must be familiar with **information letters (ILs).** Information letters explain changes in the CDS option that are not in rule or a handbook. Information letters related the CDS option can be found in the letters section

of: https://www.hhs.texas.gov/providers/long-term-care-providers/consumer-directed-services-cds#comms



CDS: A Service Delivery Option



REMEMBER: CDS is not a program. It is a **service delivery option**. Therefore, you will need to understand that the CDS Option functions differently in different programs.

Program rules and policy determine:

- who cannot be hired;
- how the service plan is developed;
- how services are authorized;
- service caps and waiver limits; and
- definition of allowable costs.

Each employer must understand the specific requirements of his or her specific program. **Form 1735 addendums for each of the programs** describe specific requirements the CDS employer must follow for that program. Support advisors must be familiar with the information on each 1735 addendum.

Form 1735 Addendums are found here: https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1735-employer-financial-management-services-agency-service-agreement.



Roles and Responsibilities in the CDS Option



Below are the key players who make up the team and individual's circle of support in the CDS option. Each have unique roles and responsibilities.

- Case Manager/Service Coordinator
- Provider/Employee
- Designated Representative
- FMSA
- Support Advisor
- Direct Service Provider
- Contractors/Vendors
- Informal Support
- Individual/Employer



Roles and Responsibilities in the CDS Option (cont.)



The CDS employer has many responsibilities, which are listed below. As a support advisor, you may assist the employer with some of these tasks. Below is the listing to think about ways you could coach, train, and support an employer to be successful in each responsibility. A CDS employer:

- Must select an FMSA and have orientation before the CDS option can begin
- Must develop and implement a service <u>backup plan</u> for services that are required by program rules or that the service planning team thinks are critical to ensuring the individual's health and safety.
- Obtain information for required criminal history and registry checks and ask the FMSA to conduct the checks-Form 1725 (https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1725-criminal-conviction-history-registry-checks)
- Set wages and benefits for employees within allocated program funds.
- Recruit, hire, train, manage and terminate employees and other service providers (including contractors and vendors)
- Set each employee's schedule
- Train each employee upon hire and annually, as required
- Evaluate each employee's job performance annually and as needed
- Approve and submit time sheets, service delivery invoices, and receipts to the FMSA for payment to employee(s)
- Maintain all CDS forms and documents, except the criminal history report from DPS, including records of service delivery and personnel files for each employee (you may review CDS forms at the following DADS website: https://hhs.texas.gov/laws-regulations/handbooks/consumer-directed-services-handbook/cds-forms)
- Resolve employee concerns and complaints
- Complete and implement a corrective action plan (CAP), if requested by FMSA or case manager/service coordinator
- Only allow eligible employees approved by the FMSA to provide services
- Follow CDS and program rules outlined in the service provision requirements addendum (Form 1735)
- Immediately inform the FMSA of hospitalizations
- Explain Employee Misconduct Registry (EMR) to each employee
- Avoid committing Medicaid fraud



CDS Employer Responsibilities



- Complete Form 1722, Form 1722 Employer's Selection for Electronic Visit Verification Responsibilities and submit it to your FMSA.
- Complete EVV system and policy training.
- Determine the best clock in and clock out methods for your CDS employees and train them on the methods (you may receive assistance from the EVV vendor or your FMSA).
- Keep up-to-date training records of your employee's training using Form 1732, Form 1732
 Management and Training of Service Provider, and send Form 1732 to your FMSA.
- Continue to approve time worked by the CDS employee.
- Follow all EVV requirements.
- Use the EVV system selected by your FMSA.
- Complete visit maintenance, depending on your Form 1722 selection.

Important: Make sure your employee is clocking in and clocking out using EVV.



CDS Employee Responsibilities



Take the EVV clock in/clock out methods training.

Clock in and clock out using one of the three approved EVV clock in and clock out methods:

- Mobile method
- Home phone
- landline Alternative device

Notify the CDS employer if the preferred clock in or clock out methods are not working.

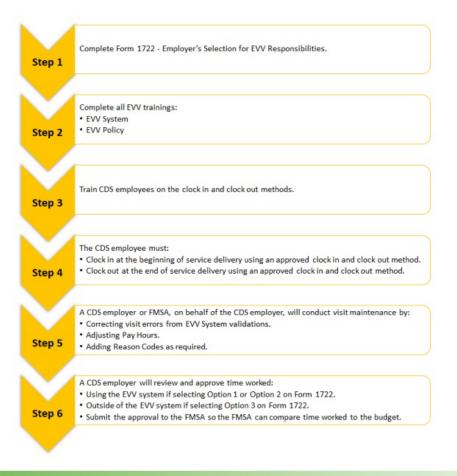
Access the Guide for Financial Management Services Agencies, Consumer Directed Services Employers, Designated Representatives and CDS Employees to Get Started with Electronic Visit Verification <u>Guide for FMSAs,CDS and DR</u> to learn more about EVV responsibilities



EVV Steps for CDS Employers



The EVV process steps for CDS employers are shown here. Steps 1-3 must be completed before the CDS employee can begin clocking in and clocking out.





Responsibilities



The service planning team (SPT) also plays an integral role in the CDS option. The SPT **determines**:

- services required by the individual;
- effective date;
- service unit levels;
- the goals of services;
- the frequency of services;
- the Individual Plan of Care (IPC); and
- the services needing a backup plan.

Furthermore, the SPT **approves**:

- termination of the CDS option;
- backup plans; and
- corrective action plans.

The program provider:

- provides non-CDS services; and
- may conduct assessments, including a nursing assessment in some programs, to determine the services needed.



Case Manager or Service Coordinator Roles and Responsibilities



Case managers and service coordinators are **critical partners** in the CDS option. They are not only the entry point to the CDS option for many individuals, but they also ensure that services are being coordinated appropriately and assist the employer with changes in their services, FMSA, or service delivery option.

Case manager and service coordinator responsibilities include the following:

- Offer the CDS option at program enrollment, at the annual review, and at the individual's request
- Use HHS CDS Forms 1581-1584 and 1586 to educate the individual on their rights, responsibilities, and resources in the CDS option
- Present a current choice list of available FMSAs that serve the individual's county
- Inform employer of support consultation
- Assess individual service level needs
- Develop the Individual Plan of Care (IPC) and indicates services to be delivered through the CDS option
- Send referrals and authorized service plans to the FMSA
- Answer questions related to service plans and authorizations
- Process transfers and service plan revisions
- Communicate with the FMSA about any changes in the Individual Plan of Care (IPC)
- Request and approve service backup plans and corrective action plans (covered in the next module of this training)
- Monitor quarterly budget reports
- Review satisfaction with the services provided by the FMSA in accordance with the individual's program requirements
- Comply with all case manager/service coordinator responsibilities as required by the individual's program



FMSA Roles and Responsibilities



The FMSA is the entity that provides financial management services (FMS) and employer support for the individual participating in the CDS option. FMSAs provide a unique service. They provide <u>on-going</u> support for those who use the CDS option and <u>facilitate payroll and pay employer federal and state taxes</u> on behalf of CDS employers.

Please review each of the following additional FMSA responsibilities:

- Provide FMS to an employer or designated representative
- Provide initial orientation and ongoing training and support for the employer
- Verify qualifications of applicants before services are delivered
- Monitor continued eligibility of service providers
- Approve and monitor budgets for services delivered through CDS
- Manage payroll, withholdings, employer contributions, deposit funds
- Comply with government regulations concerning employee withholdings and garnishments
- Prepare and file required tax forms and reports
- Pay allowable expenses incurred by the employer
- Send the employer and CM/SC quarterly utilization reports
- Respond to employers as soon as possible or within two working days
- Must maintain copies of records to document compliance

Also, it's very important to **remember the following information** about FMSAs:

- The FMSA does NOT employ the service providers. The CDS employer recruits, hires and, if necessary, dismisses his or her service provider
- The FMSA provides FMS and training on how to be an employer
- The FMSA does not provide direct services, such as personal assistance or habilitation
- The FMSA is not required to be a licensed home health agency



FMSA Responsibilities



Some of the responsibilities of the FMSA include, but are not limited to:

- Selecting and onboarding with an EVV system
- Sharing Form 1722, Employer's Selection for Electronic Visit Verification Responsibilities,
 Form 1722 CDS employers
- Providing EVV policy training to CDS employers, if needed
- Completing visit maintenance, depending on the CDS employer's Form 1722 selection
 Submitting EVV claims

The FMSA must have your most current information and other information required to pay your employee available when setting up your information in an EVV system.

For example, the:

- Member's phone number
- Member's address
- Name of the designated representative (DR), if applicable
- CDS employee's name
- Name of the MCO the member selected (if applicable)



List of FMSAs



- The case manager will provide the individual/LAR a list of available FMSAs in the area.
- Note that the FMSA is not required to be physically located in the individual's county of residence. The FMSA must reside in the same state.
- A complete list of FMSAs is available on the HHS CDS Providers Web Site (https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/consumer-directed-services-cds/fmsa-agencies) or from each managed care organization (MCO).



Designated Representative Roles and Responsibilities



If an employer (individual or LAR) needs support or assistance to meet employer responsibilities, he or she may choose to appoint a **designated representative** (DR).

An employer can appoint a DR to assist or to perform employer responsibilities in the CDS option. A DR must:

- be 18 years of age or older;
- be a volunteer;
- pass a criminal history background check if a non-relative; and
- be or become actively involved in the individual's life and be able to complete the self-assessment.

The employer will specify **which employer tasks** the DR will assist with or assume. The employer maintains responsibility for actions taken by the DR. Some tasks might include approving time sheets or training employees.



Designated Representative Roles and Responsibilites (cont.)



Appointment of a Designated Representative

An FMSA and the employer must maintain the following documentation regarding an employer's DR:

Form 1720 (https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1720-appointment-a-

<u>designated-representative</u>), Appointment of a Designated Representative

For non-relatives, a criminal history check must be conducted using the Department of Public Safety (DPS)

website (https://secure.txdps.state.tx.us/dpswebsite/index.aspx) and must not be dated more than 30 days before the person assumes the role of DR.

Form 1721 (https://hhs.texas.gov/laws-regulations/forms/1000-1999/form-1721-revocation-

appointment-designated-representative), Revocation of Representative, if the employer elects to revoke

the DR's status

In the screen shot of the Form 1720 below, the section where an employer must document tasks appointed to

the DR is displayed. For example, the employee might write in this field: "The DR will perform the following tasks:

approve time sheets and train employees."

ACKNOWLEDGEMENT: By signing this form, the designated representative grants permission for the FMSA to obtain the criminal conviction check.		
Date of DPS Check	Time AM PM	Obtained By
		ivery or is the person serving as a DR in ar 250 or other eligibility requirements?
The DR may not perform the following of the DR may not perform the DR may not perform the following of the DR may not perform the DR may not perfor		Employer list what the DR can and cannot do here
		Printed Name
Printed Name		Signature



Responsibilities



Support advisors play an integral role in the CDS option by assisting employees with the following:

- developing skills for training, recruiting, screening, hiring/dismissing staff;
- developing job descriptions;
- developing skills for effective communication/problem resolution;
- developing and negotiating service agreements with contractors and vendors;
- developing service backup plans;
- developing decision making skills for employer and employment related situations; and/or
- developing and implementing corrective action plans.

To see the support advisor choice list that includes support advisors who completed the training requirement, please visit the following webpage: https://apps.hhs.texas.gov/providers/CDS/advisors.cfm.







EVV Policies / Training



EVV policies are located in the EVV Policy Handbook on the HHSC EVV webpage.

In this section, you will learn about the following EVV policies in the EVV Policy Handbook . Please refer to the EVV Policy Handbook for the most up to date EVV policy information HHSC EVV Policy Handbook

- Training Policy (Sections 4200, 4230, 4300)
- Schedules Policy (Section 4600)
- Clock In and Clock Out Methods Policy (Section 7000)
- Visit Maintenance Policy (Section 8000)
- EVV Reason Code Policy (Section 9000)
- Reports Policy (Section 13000)

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The Training Policy requires CDS employers to complete all required EVV training:

Before using the EVV system and yearly after that.

CDS employers must keep up-to-date training records of their training completions and provide training records to their FMSA, HHSC, or their MCO, if requested.



Schedules Policy



EVV systems do not require schedules. Schedules are optional in the EVV system for members who selected the CDS option.

The CDS employer can choose to enter a schedule in the EVV system, or not.

Program and payer requirements vary in regards to:

- Using schedules in the EVV system.
- Following a service delivery schedule.
- Service delivery requirements.

FMSAs and CDS employers must follow their program and payer schedule and service delivery requirements or EVV claims may be recouped.

Note: The EVV vendor or EVV PSO (your FMSA) will provide instructions on how the EVV system will verify EVV visits with or without schedules



EVV Training Requirements



CDS employer training requirements vary, depending on which option was selected on Form 1722, Employer's Selection of Electronic Visit Verification Responsibilities.

CDS employers that selected Option 1 on Form 1722 are required to take the following EVV training:

- Full EVV system training, including clock in and clock out methods training (provided by the EVV vendor or EVV Proprietary Systems (PSO)
- EVV policy training (provided by your payer [HHSC or an MCO] or your FMSA)

If the CDS employer has a designated representative (DR), the DR must complete the required EVV training based on the option selected by the CDS employer.

If the CDS employer does not take EVV system and EVV policy trainings, the following may result:

- CDS employee(s) may experience a delay in payment or inaccurate payments if the EVV system is not used correctly
- An FMSA may require the CDS employer to complete a corrective action plan (CAP)

The CDS employer must take EVV system and EVV policy trainings to:

- Gain a basic understanding of EVV requirements
- Train the CDS employee on the approved clock in and clock out methods

Refer to the EVV Training Requirements Checklists <u>EVV Training Check list</u> resource on the HHSC EVV webpage to view EVV training requirements, training options to meet the requirements, and training registration/contact information.



EVV Training Requirements (cont.)



CDS employer training requirements vary, depending on which option was selected on Form 1722.

CDS employers that selected Option 2 on Form 1722 are required to take the following EVV training:

- Full EVV system training, including clock in and clock out methods training (provided by the EVV vendor or EVV Proprietary Systems PSO)
- EVV policy training (provided by your payer [HHSC or an MCO] or your FMSA). If the CDS employer has a
 designated representative (DR), the DR must complete the required EVV training based on the option selected
 by the CDS employer

The CDS employer must take EVV system and EVV policy trainings to:

- Gain a basic understanding of EVV requirements
- Train the CDS employee on the approved clock in and clock out methods

If the CDS employer does not take EVV system and EVV policy trainings, the following may result:

- CDS employee(s) may experience a delay in payment or inaccurate payments if the EVV system is not used correctly
- An FMSA may require the CDS employer to complete a corrective action plan (CAP)

Refer to the EVV Training Requirements Checklists <u>EVV Training Check list</u> resource on the HHSC EVV webpage to view EVV training requirements, training options to meet the requirements, and training registration/contact information.

EVV Training Requirements (cont.)



CDS employer training requirements vary, depending on which option was selected on Form 1722.

CDS employers that selected Option 3 on Form 1722 are required to take the following EVV training:

- Overview of EVV system training, including clock in and clock out methods training (provided by the EVV vendor or EVV Proprietary Systems PSO)
- EVV policy training (provided by your payer [HHSC or an MCO] or your FMSA)

If the CDS employer has a designated representative (DR), the DR must complete the required EVV training based on the option selected by the CDS employer.

The CDS employer must take EVV system and EVV policy trainings to:

- Gain a basic understanding of EVV requirements
- Train the CDS employee on the approved clock in and clock out methods.

If the CDS employer does not take EVV system and EVV policy trainings, the following may result:

- CDS employee(s) may experience a delay in payment or inaccurate payments if the EVV system is not used correctly.
- An FMSA may require the CDS employer to complete a corrective action plan (CAP).

Refer to the EVV Training Requirements Checklists <u>EVV Training Check list</u> resource on the HHSC EVV webpage to view EVV training requirements, training options to meet the requirements, and training registration/contact information.

EVV System-Clock in and Clock Out Methods Training



The EVV vendor or PSO (your FMSA) will provide you with:

• Training on their EVV system, including how to order alternative devices, conduct visit maintenance, access reports, etc.

Training on how to clock in and clock out with the:

- Mobile method
- Home phone landline
- Alternative device

Once you have completed the EVV system training, you can then:

- Determine the best clock in/clock out methods for your CDS employees
- Train your CDS employees on the clock in/clock out methods

Note: HHSC does not provide training on how to clock in and clock out using each method.

CDS employers must keep up-to-date training records of service provider (CDS employee) training completions by using Form 1732, Management and Training of Service Provider Form 1732 Form 1732 should be provided to the FMSA.



Clock In and Clock Out Methods Training (cont.) - S+Q C

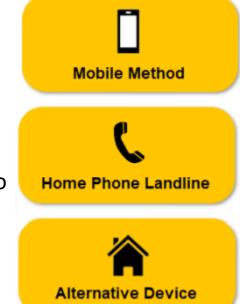
The Clock In and Clock Out Methods Policy requires the CDS employee (service provider) to use one of three approved clock in and clock out methods to clock in at the beginning of service delivery and clock out at the end of service delivery when providing services to a member in the home or the community.

Note: CDS employees don't have to clock in and clock out for each different EVV-required service being provided during a single visit.

The EVV vendors offer the following three approved clock in and clock out methods at no charge to the member:

- Mobile method (a downloadable application for use on a smart phone or tablet)
- Home phone landline
- Alternative device

Note: If your FMSA is using an EVV proprietary system, ask the EVV PSO (your FMSA) which clock in and clock out methods are available for your CDS employee to use. The EVV PSO will not charge the member for a clock in or clock out method.



Visit Data is Captured During Clock in and Clock story

When the CDS employee clocks in and clocks out using an approved method, the EVV system captures the following visit data:

- The type of service provided (Service Authorization Data)
- The name of the recipient for whom the service is provided (Member Data)
- The date and times the provider began and ended the service delivery visit
- The location, including the address and geolocation, where the service is provided
- The name of the person who provided the service (Service Provider Data)

Failure to Clock In and Clock Out – Manually Entered Visits

If the CDS employee fails to, or is unable to, clock in or clock out using one of the approved methods, the CDS employer must manually enter visit data in the EVV system (if Option 1 selected on Form 1722, Form 1722 Employer's Selection of Electronic Visit Verification Responsibilities) within the visit maintenance time frame.

Manually entered visits will negatively impact the EVV Usage Score, which is used to measure EVV compliance. This is why it's important for CDS employees to use one of the approved clock in and clock out methods.



Using Multiple Clock In and Clock Out Methods



CDS employees may:

- Use one method to clock in and clock out one day and a different method to clock in and clock out the next day
- Use one method to clock in and clock out for a single visit or use multiple clock in and clock out methods for a single visit

Using one method to clock in and clock out happens when the CDS employee:

- Only clocks in and clocks out using the mobile method
- Only clocks in and clocks out using a home phone landline
- Only clocks in and clocks out using an alternative device

Using multiple methods to clock in and clock out happens when the CDS employee:

- Clocks in using a home phone landline and clocks out using the mobile method
- Clocks in using the mobile method and clocks out using the home phone landline



Mobile Method



The CDS employee may use a mobile method for clocking in and clocking out of the EVV system in the home or in the community.

Each EVV vendor or EVV PSO (your FMSA) will supply a downloadable application for use on a smart phone or tablet with Internet connectivity.

The CDS employee may use:

- Their own personal smart phone or tablet
- A smart phone or tablet issued by the FMSA
- A smart phone or tablet owned by the CDS employer, if the CDS employer agrees

The mobile method (downloadable application):

- Uses a secure login function for each user
- Records the specific location at the exact time of clocking in and clocking out
- Does not track location before clocking in, during the visit, or after clocking out
- Does not use mobile device plan minutes and only uses minimal data
- Does not store Protected Health Information (PHI) on the mobile device
- Requires having a mobile device that works and has a charged battery, etc.

Note: The mobile method is the recommended clock in and clock out method when an EVV service begins or ends in the community



Service Delivery Location



If a CDS employee clocks in or clocks out within 250 feet (EVV allowed geo-perimeter) of the member's home, the default service delivery location is the member home. If a CDS employee clocks in or clocks out beyond the 250-foot radius, the CDS employee must select a service delivery location. Service Delivery Locations are:

- Member Home
- Family Home
- Neighbors Home Community
- Other



Home Phone Landline



If the member agrees, the CDS employee may use the member's home phone landline to call a toll-free number to clock in and out.

A landline phone must be used. Phone types that *cannot* be used for this method include:

- Cellular phones
- Cellular-enabled devices such as tablets and smart watches

The FMSA must enter the member's primary home phone landline number in the EVV system under the member's profile before the CDS employee can use this method to clock in and clock out.

- The FMSA must ensure the landline phone number listed in the member's profile is current.
- If the landline phone number used for clocking in and clocking out doesn't match the member's profile, visit maintenance must be performed in the EVV system.
- FMSAs can enter one or more alternate landline phone numbers if the member frequently receives services in a secondary location

Note: If the CDS employee wants to use a cell phone or tablet to clock in and/or clock out, they must use the mobile method as the clock in and/or clock out method.



EVV Landline Phone Verification



The EVV landline phone verification compliance requirement means that phones used to clock in or clock out through the landline method must be a landline telephone, and not a cellular phone or device, such as a tablet or smart watch.

Note: If the CDS employee wants to use a cell phone or tablet, they must use the mobile method (not the home phone landline method).



Reviews



Payers will review the phone number used for clocking in and clocking out of the EVV system to ensure the phone number is from an allowable phone type.

For Example: Is the phone used to clock in and clock out through the landline method a landline telephone

EVV Landline Phone Verification Reviews will be at the payer's discretion and may occur any time after the date of the visit if the phone number used to clock in and clock out has already been captured in the EVV system.

EVV Compliance Reviews

Reviews
Ensure the

minimum EVV Usage Score is met EVV
Landline
Phone
Verification
Reviews

Ensure valid phone type is used

EVV Required Free Text Reviews

Determine if required free text is entered



EVV Landline Phone Verification Reviews: CDS $v = \frac{s + Q}{C}$ Employer Enforcement Actions

When the CDS employer fails to meet required actions within **10** business day of being notified by the FMSA:

- The FMSA can remove the unallowable landline phone type from the EVV system as the member's home phone landline, and
- The FMSA can follow TAC 40, <u>TAC 40</u> 1, Chapter 41, Subchapter B, Rule §41.221 relating to failure to submit complete service delivery documentation or meeting CDS employer responsibilities and place the CDS employer on a corrective action plan (CAP)

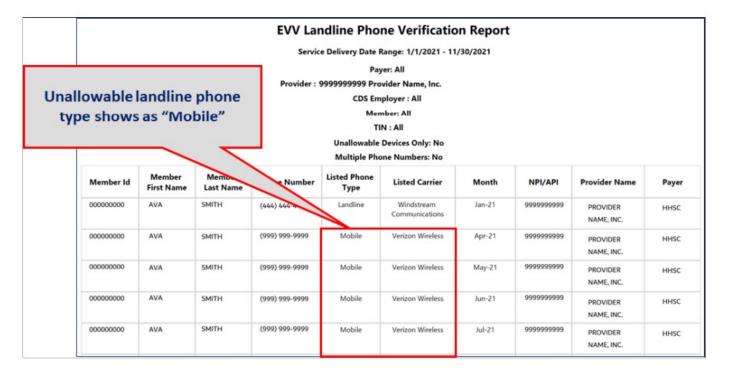


Report Used to Conduct EVV Landline Phone Verification Reviews



The payers will use the **EVV Landline Phone Verification Report** (located in the EVV system) to conduct EVV Landline Phone Verification Reviews.

Shown here is an example of the EVV Landline Phone Verification Report. In the Listed Phone Type column, there are some instances of "mobile," indicating an unallowable landline phone type was used.





Alternative Device



An alternative device is a free, HHSC-approved electronic device that produces codes or information that identify the precise date and time service delivery begins and ends. The CDS employee must document the codes, then call a toll-free number within seven days from the date of the visit to record the clock in and clock out. The codes expire after seven days.

The alternative device:

- Is provided at no cost by the EVV vendor or the EVV PSO (your FMSA)
- Must always remain in the member's home, even during an evacuation. If the alternative device
 does not remain in the home, the payer may make a Medicaid fraud referral to the HHS Office of
 the Inspector General.

Any phone may be used when calling the toll-free number; however, the CDS employee should never use or request to use the member's mobile phone unless the member is a CDS employer and the CDS employer has given the CDS employee authorization to use the CDS employer's mobile phone.



Installing an Alternative Device in Member's Home



With the member's permission, the CDS employer or employee must place the device in the member's home and should ask the member where they would like the device placed. The device should be in a location where the CDS employee can always reach it.

The CDS employer may attach the device using a zip tie; however, the device must not:

- Be mounted in a location that may be dangerous to a member
- Cause damage to the member's home

Examples of where the CDS employer may place or attach the device in the home include:

- Kitchen counter
- Coffee table
- Lockbox located in the garage or on the patio



EVV Services Delivered Outside the Member's Home



A CDS employee must record the visit when they begin or end an EVV service outside the member's home by either:

- Using the mobile method; or
- Manually documenting the visit.

The mobile method is the recommended clock in and clock out method when an EVV service begins or ends in the community. Using the mobile method for clocking in and clocking out in the community will avoid negative impacts to the EVV Usage Score, which is used to monitor EVV compliance.

CDS employers may contact their EVV vendor or EVV PSO (your FMSA) for more information and training on available methods to document visits in the community.



Ordering an Aiternative Device from an Evv Vendor



CDS employers, or FMSAs on behalf of a CDS employer, can order an alternative device through an EVV vendor. The EVV vendor will provide instructions on how to order a device.

The EVV vendor has **10** business days to process and ship the alternative device to the requestor upon receipt of a complete order. Depending on the shipping method, it may take additional days to deliver the order.

If a clock in and clock out is not available for the CDS employee to use prior to the delivery of an alternative device, the CDS employee must manually document the visit.

The CDS employee must notify the CDS employer immediately if the alternative device malfunctions or fails to generate codes. When the CDS employee reports that the device has malfunctioned:

- The CDS employee must manually document the visit
- The CDS employer or FMSA must contact the EVV vendor or EVV PSO to report the malfunctioning device and order a replacement alternative device

Note: If your FMSA is using an EVV proprietary system, ask your FMSA if they provide an alternative device and if so, ask them how to order it.



Definition of Non-EVV Service



A **non-EVV service** is an authorized service that is not required to use EVV.

The Non-EVV Services Policy explains the options available for CDS employers to document a non-EVV service that occurs during an EVV visit.

CDS employers must continue to follow program documentation requirements for non-EVV services. Using the EVV system does not replace paper documentation for non-EVV services.

The FMSA or CDS employer will determine how the CDS employee will clock in and clock out of the EVV system when delivering non-EVV services and EVV services throughout the day.

Documenting Non-EVV Service that Occurs During an EVV Visit

The CDS employer may select one of the following options for their CDS employee to document a non-EVV service that occurs during an EVV visit:

- Option 1: Clock into the EVV system and clock out of the EVV system before the non-EVV service begins and clock back in to the EVV system after the non-EVV service has ended
- Option 2: Remain clocked in to the EVV system while delivering the non-EVV service and document the amount of time spent on the non-EVV service

Note: Follow the EVV vendor or PSO (your FMSA) instructions on how to subtract the non-EVV service time at the end of the visit and use an appropriate EVV Reason Code Number and EVV Reason Code Description as necessary. CDS employers and FMSAs can review the reported non-EVV service time by accessing the Non-EVV Relevant Time Report in the EVV system. The report will show the total hours worked for non-EVV services.

Recording Non-EVV Time Examples

 $V = \frac{S + Q}{C}$

CDS employee Maria Hernandez is working from 8 am to 2 pm. She spends five hours on EVV required services from 8 am–Noon and 1 pm–2 pm. She spends one hour on non-EVV services from Noon–1 pm.

Maria has two options for clocking in and out.

Option 1: Maria can clock out of the EVV system before the non-EVV service begins and clock back in to the EVV system after the non-EVV service has ended. Maria will:

- Clock in to the EVV system at 8 am and clock out at noon.
- Begin the non-EVV service.
- Clock back in to the EVV system at 1 pm and clock out at 2 pm.
- Document the non-EVV service in accordance with program policy.

Option 2: Maria can remain clocked in to the EVV system while delivering the non-EVV service and document the amount of time spent on the non-EVV service. Maria will:

- Clock in to the EVV system at 8 am and clock out at 2 pm.
- Record the non-EVV service time in accordance with program policy and report the time to the CDS employer.
 - The CDS employer or FMSA will use the EVV system to indicate one hour of time spent.

Note: CDS employers must contact their EVV vendor or EVV PSO to determine how to document non-EVV services for members with prescheduled visits.



Policy and Reason Code Policy



In this section, you will learn:

- The definition of visit maintenance
- When visit maintenance must be completed
- The visit maintenance timeframe
- How to do submit a Visit Maintenance Unlock Request if beyond the visit maintenance timeframe

Visit maintenance is the process used by the FMSA or CDS employer to correct the identification data and visit data in the EVV system to accurately reflect the delivery of a service.

Visit maintenance is like correcting a paper timesheet. Instead of making the correction on the paper timesheet, the FMSA or CDS employer will make the correction in the EVV system. Refer to Section 4400 Section 4000 Data Collection in the EVV Policy Handbook for more information about identification and visit data.

For example: Visit maintenance must be completed when the CDS employee forgets to clock in or clock out using the mobile method, home phone landline, or alternative device.

It is the CDS employer's choice to decide who completes visit maintenance in the EVV system and it is documented on Form 1722 Employer's Selection for Electronic Visit Verification Responsibilities. If option 1 is selected, CDS employers are responsible for completing visit maintenance. If options 2 or 3 are selected, FMSAs are responsible for completing visit maintenance.

This information is available in Section 8000 <u>Section 8000</u> Visit Maintenance and Section 9000 <u>Section 9000</u> EVV Reason Code in the EVV Policy Handbook.

Required Visit Maintenance



The CDS employer must complete visit maintenance when the:

- EVV system cannot "auto-verify" (automatically confirm an EVV visit based on existing identification and visit data in the EVV system)
- EVV system identifies exceptions (errors)
- EVV Aggregator (centralized database that collects, validates, and stores statewide EVV visit data transmitted by an EVV system) rejects the EVV visit transaction due to incorrect or missing data
- FMSA or CDS employer reduces bill hours after the EVV system auto-verifies the EVV visit transaction
- EVV system is unavailable
- CDS employee fails to use the EVV system

Important!

Visit maintenance must be completed in the EVV system before the FMSA submits the EVV claim for payment.



Auto Verification



When a CDS employee clocks in or clocks out during service delivery, the EVV system:

- Records the visit data
- Verifies the clock in and clock out method
- Compares the visit data to the member's data in the EVV system

If all the visit data and the identification data in the EVV system match, the EVV system will automatically verify the visit, also known as "auto-verify". An auto-verified EVV visit means the EVV system found no exceptions or errors.

If the EVV visit transaction is missing a clock in or a clock out, or if the data collected at the time of clock in or clock out does not match the data elements in the EVV system, the FMSA or CDS employer must clear all exceptions through visit maintenance.

An **exception** is an error that needs to be addressed.



Clearing Exceptions



The EVV system may generate one or more exceptions (errors) when the EVV system cannot auto-verify the data collected at the time of clock in or clock out.

To clear an exception (error), the FMSA or CDS employer must complete visit maintenance in the EVV system by:

- Updating the identification or visit data for a member, if required
- Selecting the most appropriate EVV Reason Code(s), if required
- Confirming the visit

Selecting the most appropriate EVV Reason Code(s) explains the reason for completing visit maintenance. The process involves:

- Selecting an EVV Reason Code Number
- Selecting an EVV Reason Code Description
- Entering required free text, if applicable

The following are some examples that describe when the EVV system will not auto-verify a service visit:

- Clock in or clock out time is less than or greater than an existing scheduled visit in the EVV system
- Clock in time or clock out time is missing
- Service delivery is outside the home and the CDS employee is not using the mobile method to clock in or clock out
- CDS employee calls from a number not registered in the member's profile



EVV Reason Code Policy



The EVV Reason Code Policy describes the requirements for using reason codes when completing visit maintenance in the EVV system.

- Reason Code Number(s) describe the purpose for completing visit maintenance on an EVV visit transaction
- Reason Code Description(s) describe the specific reason visit maintenance is necessary

CDS employers must select the most appropriate Reason Code Number(s), Reason Code Description(s) and must enter any required free text when completing visit maintenance in the EVV system.

If the EVV visit is missing a clock in or clock out, the CDS employer must use Reason Code Number 900 Non-Preferred, the appropriate Reason Code Description(s), and any other applicable EVV reason code.

CDS employers can use multiple Reason Code Numbers and Reason Code Descriptions to clarify more than one exception when completing visit maintenance on a single visit.

Exceptions that could cause visit maintenance include, but are not limited to:

- Service provider (CDS employee) forgot to clock in or clock out
- Visit did not begin or end as scheduled due to an emergency
- The clock in and clock out method was not accessible when services began
- EVV system unavailable

If the system is unavailable the service provider (CDS employee) must document service delivery information and submit to the FMSA or CDS employer. FMSAs and CDS employers must keep all service delivery documentation and enter EVV visits into the EVV system once operational.

Refer to 1400 Failure to Use an EVV System for more information regarding service delivery documentation.



Requirements



Free text is additional information the CDS employer enters to further describe the need for visit maintenance.

CDS employers completing visit maintenance in the EVV system must enter additional information in the free text field when:

- The visit is missing a clock in time, a clock out time or both
 - o Enter the actual missing clock in or clock out time

Using the following Reason Code Numbers:

- 131-Emergency
- 600-Other
- 900-Non-preferred

Important: Failure to document required free text may result in enforcement actions, including recoupment of associated claim(s).

Access the full list of available reason codes, reason code descriptions, and free text requirements in the HHSC EVV Reason Codes Reason Codes document on the HHSC EVV website.



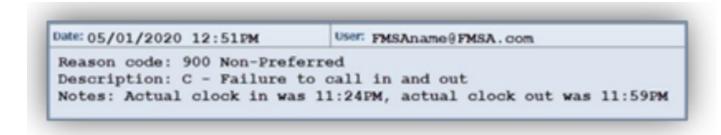
Reason Code/Free Text Example



CDS employee Maria Hernandez forgot to clock in and clock out using the mobile method. Visit maintenance must be performed in the EVV system. In the EVV system, you would:

- Select Reason Code: 900 Non-preferred
- Select Reason Code Description: C Failure to call in and out
- Enter free text to document the actual clock in time: "Actual clock in was 11:24PM, actual clock out was 11:59PM"

Refer to Section 9010, <u>Section 9000</u> EVV Reason Code Free Text Requirements to view more examples of free text. Access the full list of current Reason Code Numbers, Reason Code Descriptions, and free text requirements for each Reason Code in the HHSC EVV Reason Codes document on the HHSC EVV webpage





Imetrame to Complete Visit Maintenance/Enter Manual_{s+Q} Visits

CDS employers have <u>95 calendar days</u> from the date of the visit to complete visit maintenance. This is known as the visit maintenance time frame. HHSC may extend the visit maintenance time frame as needed.

After the visit maintenance time frame has expired, the EVV system locks the EVV visit transaction and the CDS employer may only complete visit maintenance if the payer approves a Visit Maintenance Unlock Request.

CDS employers must also enter manual visits within the visit maintenance time frame



visit maintenance Uniock Request

$V = \frac{S + Q}{C}$

Process

Process to send an EVV Visit Maintenance Unlock Request:

- Access the EVV Visit Maintenance Unlock Request for CDS Employers on your payer's (HHSC or an MCO)
 webpage.
 - If HHSC is your payer: Access the HHSC EVV webpage. Scroll down to the Visit Maintenance Unlock Request (VMUR) section and review the instructions.
 - If a managed care organization (MCO) is your payer: Access your MCO's website. MCO websites are included in the CDS Employer EVV Contact Information Guide.

Note: If you don't know who your payer is, contact your FMSA.

- 2. Open and download the Excel spreadsheet unlock request template for CDS employers.
 - If HHSC is your payer: EVV Visit Maintenance Unlock Request for CDS Employers (Excel)
 - If an MCO is your payer: Refer to your MCO's website. The visit maintenance unlock request location will vary, but it is likely in an "EVV" section on the MCO's website).
- 3. Review the Instructions tab and use it to complete the CDS Employer VMUR tab.
- 4. When done, save the file. Email the request securely to your payer:
 - Send to <u>EVVgroup@texaschildrens.org</u>

Important!! Request emails must:

- Include a contact name, email address and phone number.
- Be sent securely. Request emails not sent securely could result in a Health Insurance Portability and Accountability
 Act (HIPAA) violation and the payer will deny the request.



Payer Processing of Visit Maintenance Uniock Requests



Payers must process Visit Maintenance Unlock Requests within <u>10 business days</u> of receiving a secure and complete request.

• **Exception:** If the request was submitted as supporting documentation of a claims appeal, payers must process it within *30* business days of receiving a secure and complete request.

Payers may request more information from the CDS employer when processing the request. If so, CDS employers must submit the additional information back to the payer within **10 business days**.

Exception: Within 30 days if the request for more information is part of a claims appeal

Payer Denial of Visit Maintenance Unlock Requests:

If the payer denies the request, the payer must notify the CDS employer through email within **10** business days of the request with the reason for the denial. The email will include information explaining how to:

- Submit a new Visit Maintenance Unlock Request
- Request a claims appeal, if applicable
- Submit a formal complaint against the payer

The payer may automatically deny a Visit Maintenance Unlock Request for the following reasons:

- The request was not sent through a secure method
- The request is incomplete or missing required information



Payer Denial/Approval of Visit Maintenance Unlock Requests



If Texas Children's Health Plan *denies* the request, TCHP must notify the CDS employer through email within *10* business days of the request with the reason for the denial. The email will include information explaining how to:

- Submit a new Visit Maintenance Unlock Request
- Request a claims appeal, if applicable
- Submit a formal complaint against the payer

The payer may automatically deny a Visit Maintenance Unlock Request for the following reasons:

- The request was not sent through a secure method
- The request is incomplete or missing required information

If the Texas Children's Health Plan *approves* the Visit Maintenance Unlock Request, the payer will send it to the EVV vendor or EVV PSO within three business days of the approved request.

- Only approved data elements listed on the Visit Maintenance Unlock Request will be unlocked for editing
- The EVV vendor or EVV PSO must only allow changes to the fields approved by the payer

Note: TCHP must approve the Visit Maintenance Unlock Request:

- When TCHP previously provided incorrect or incomplete information on the prior authorization for a member and the updated authorization will require updates to EVV visit transactions outside of the EVV visit maintenance time frame.
- When the payer submits a retroactive authorization for a member that will require the FMSA or CDS employer to resubmit an EVV visit transaction or EVV claim outside of the EVV visit maintenance time frame.
- Upon request by HHSC and within the initial request time frame specified in the policy.



EVV Vendor/EVV PSO Processing of Visit Maintenance Unlock Requests



Once the EVV vendor or EVV PSO receives the approved Visit Maintenance Unlock Request from the payer, the EVV vendor or EVV PSO must validate the information submitted.

The EVV vendor has **10** business days from receipt of the approved Visit Maintenance Unlock Request to complete visit maintenance or schedule a meeting with CDS employer to complete visit maintenance.

If the information submitted by the CDS employer is incorrect, invalid, or missing data elements, the EVV vendor/EVV PSO will not unlock EVV visit transaction(s) for visit maintenance. Once the information is corrected, the CDS employer must submit a new Visit Maintenance Unlock Request to the payer.



Visit Maintenance Completion



It is the responsibility of the FMSA and CDS employer to ensure all required data elements are correct and visit maintenance is complete before the FMSA submits an EVV claim to the appropriate claims management system.

If the CDS employer needs to complete visit maintenance on an accepted EVV visit transaction that has already been billed, the FMSA must complete certain steps.

Refer to Section 8070 Section 8070 Visit Maintenance and Billing EVV Claims in the EVV Policy Handbook for more information.

Last Visit Maintenance Date Policy

If visit maintenance is completed, the EVV system will record the date the visit maintenance was done. The EVV system will update the Last Visit Maintenance Date when certain fields are updated.

Refer to 8080 Section 8080 Last Visit Maintenance Date in the EVV Policy Handbook for more information

Remember: If the last visit maintenance date is **after** the EVV claim receipt date, then the EVV claim is subject to recoupment (the payment for that visit could be taken back by the payer). To avoid recoupment, FMSAs must submit an adjusted EVV claim if visit maintenance is completed after the initial EVV claim submission.

Hours



The EVV system calculates bill hours on an EVV visit transaction by rounding the actual hours worked to the nearest quarter hour increment:

Actual Hours Worked	Quarter Hour Increment	Bill Hours
0 - 7 minutes	0 minutes	0.00
8 - 22 minutes	15 minutes	0.25
23 - 37 minutes	30 minutes	0.50
38 - 52 minutes	45 minutes	0.75
53 - 67 minutes	60 minutes or 1 hour	1.00

The EVV system rounds up to the next quarter hour increment when the actual hours worked are eight minutes or more than the previous quarter hour increment. The EVV system rounds down to the previous quarter hour increment when the actual hours worked are seven minutes or less from the previous quarter hour.

For Example: If a service provider (CDS employee) works two hours and 53 minutes of actual hours for a shift, the bill hours will round up to three hours. The EVV system *does not* round each clock in or clock out time; it rounds the total duration of the actual hours worked for each visit.

Important: The FMSA or CDS employer may never increase bill hours beyond the actual hours worked.



EVV Systems Standards Reports Policy v= S+Q

The following EVV system standard reports are available to CDS employers, FMSAs, MCOs, and state staff in the *EVV system:

- EVV Alternative Device Order Status Report
- **EVV Attendant History Report**
- EVV CDS Employer Usage Report (will be available in 2022)
- **EVV CDS Service Delivery Log**
- EVV Clock In/Clock Out Usage Report
- EVV Landline Phone Verification Report
- EVV Reason Code Usage and Free Text Report
- **EVV Service Delivery Exception Report**
- EVV Units of Service Summary Report
- Non-EVV Relevant Time Report

*EVV system means an EVV vendor system (e.g., Vesta or AuthentiCare) or an EVV proprietary system.



Report Descriptions



EVV Alternative Device Order Status Report:

• Used to verify and track the status of alternative device orders

EVV Attendant History Report:

- Verifies which CDS employees provided services to a member for a requested date range
- Shows accepted EVV visits for CDS employees for a requested date range

EVV CDS Employer Usage Report:

- Displays the EVV Usage Score for the preceding quarter(s), for each Medicaid member that selects the CDS option with HHSC or an MCO
- Used by payers to determine the EVV Usage Score and conduct EVV Usage Reviews
- Allows CDS employers to monitor the EVV Usage compliance requirement

EVV CDS Service Delivery Log:

- Displays EVV visit data for CDS employers for a requested date range
- Data is based only on completed and verified visits from the EVV system

EVV Clock In/Clock Out Usage Report:

- Displays the CDS employee's: Use of EVV clock in and clock out methods
- Number of total visits worked within a specific date range
- Percentage of total visits worked for each clock in and clock out method within a specific date range

EVV Landline Phone Verification Report:

- Displays the phone number used for clocking in and clocking out of the EVV system and the phone type (e.g., landline, mobile, etc.)
- Used to conduct EVV compliance landline phone verification reviews to ensure the phone number used for clocking in and clocking out is a landline number and not an unallowable phone type, such as a pay phone number or a cell phone number

Note: Review this report in the EVV system to make sure the employee's time worked is correct. Just as the paper time sheet is reviewed to make sure it is correct, the EVV CDS Service Delivery Log is reviewed to make sure it is correct.



Report Descriptions (cont.)



EVV Reason Code Usage and Free Text Report:

- Displays the EVV Reason Code Number, Reason Code Description and any free text entered on accepted EVV visit transactions during a specified month
- Used to conduct EVV compliance reviews for reason code and required free text

EVV Service Delivery Exception Report:

- Shows the number of visits that varied from the schedule or authorization, as well as the number of visits that were not approved, for a requested date range
- This data must include services regardless of service delivery locations including home or community location, and 'GPS' coordinates when the mobile method is used to clock in and clock out.

EVV Units of Service Summary Report:

- Displays daily, weekly and monthly totals of hours of services delivered for a Medicaid ID
- Identifies breaks in service for a Medicaid ID.

Non-EVV Relevant Time Report:

 Displays the CDS employee's time spent on non-EVV services during each visit for a requested date range (if the CDS employee didn't clock in and out for non-EVV time)

Note: Review this report in the EVV system to make sure the employee's time worked is correct. Just as the paper time sheet is reviewed to make sure it is correct, the EVV CDS Service Delivery Log is reviewed to make sure it is correct.



EVV Compliance Requirements



EVV compliance requirements for CDS employers include:

EVV Usage

- CDS employers must meet the minimum EVV Usage Score.
- The requirements are located in the EVV Policy Handbook in Section 11000 <u>Section 11000</u> EVV Usage Policy.

EVV Landline Phone Verification

- CDS employers must ensure a valid phone type is used if the CDS employee uses a home phone landline to clock in and/or clock out.
- The requirements are located in the EVV Policy Handbook in Section 7030 Section 7030 Home Phone Landline.

EVV Required Free Text

- CDS employers must document required free text.
- The requirements are located in the EVV Policy Handbook in Section 9010 Section 9010 EVV Reason Code and Free Text Requirements.







The EVV Usage compliance requirement measures whether or not the service provider (CDS employee) is using one of the approved clock in and clock out methods when providing services that require EVV (mobile method, home phone landline, and/or the alternative device), and also takes into account visit transactions accepted by the EVV Aggregator.

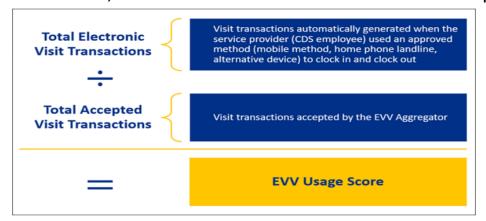
How is the EVV Usage compliance requirement measured?

In the EVV Usage Score. It is a number, in percent format, rounded to the nearest percentage point, per selected quarter or month (e.g., 85%).

EVV Usage Score Calculation for CDS Employers

The EVV Usage Score for CDS employers equals the Manual EVV Visit Transaction Score. This score is calculated by dividing the total number of electronic (non-manual) visit transactions by the total number of accepted visit transactions.

CDS employers are monitored at the Member level; each Member who has selected the CDS option will receive an EVV Usage Score.





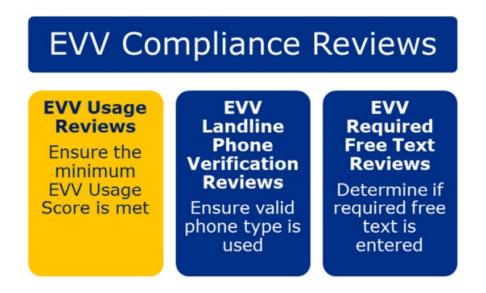
EVV Usage Reviews



Payers will review the EVV Usage Score quarterly to ensure the minimum EVV Usage Score is met.

EVV Usage Reviews are conducted after the visit maintenance timeframe has expired based on the last date of the quarter to determine compliance.

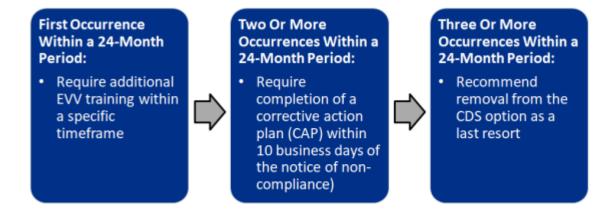
Reminder: CDS employers are monitored at the Member level, so each Member who has selected the CDS option will receive an EVV Usage Score.





EVV Usage (cont.)

Failure to meet and maintain the minimum *EVV Usage Score* in a state fiscal year quarter may result in the payer sending a non-compliance notice to enforce one or more of the following progressive enforcement actions:





EVV Required Free Text



The EVV required free text compliance requirement means that CDS employers completing visit maintenance in the EVV system must enter additional information in the free text field when:

- The visit is missing a clock in time, a clock out time, or both. (Enter the actual missing clock in/clock out time.)
- Using the following Reason Code Numbers:
 - o 131-Emergency
 - o 600-Other
 - 900-Non-preferred

Free text is additional information the CDS employer enters to further describe the need for visit maintenance.

CDS employers that selected Option 1 on Form 1722 must enter any required free text in the EVV system when completing visit maintenance (e.g., missing clock in time). If not entered, FMSAs may reach out to CDS employers.



EVV Required Free Text Reviews



Payers will review EVV visit transactions to determine if required free text is entered on the visit when using a reason code.

For example: Free text is required if Reason Code 900 is used, and the visit is missing a clock in time, a clock out time, or both.

Failure to document any required free text may result in recoupment of associated claim(s).





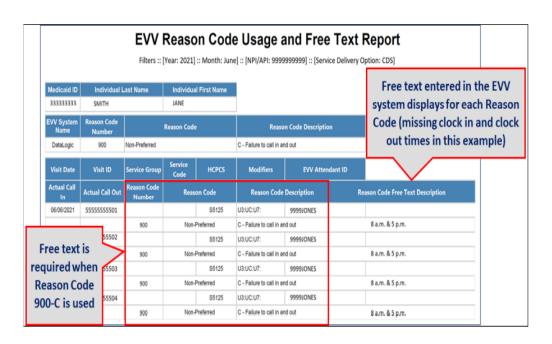
Reports Used to Conduct EVV Required Free v= 5+9 **Text Reviews**

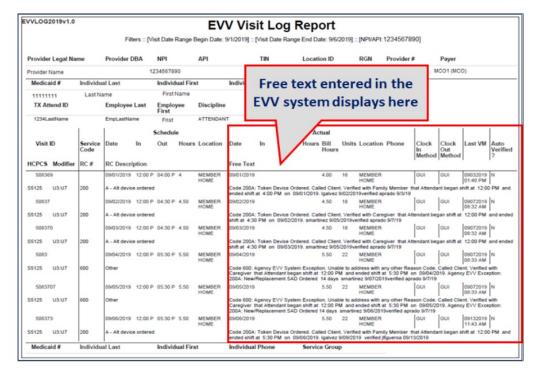


Payers will use the EVV Reason Code Usage and Free Text Report or the EVV Visit Log Report (located in the EVV Portal) to conduct EVV Required Free Text Reviews. FMSAs can use either report to monitor compliance of required free text.

Shown here is an example of the EVV Reason Code Usage and Free Text Report from the EVV Portal. Free text is required when Reason Code 900-C is used, and the missing clock in and clock

out times were entered in the free text as required.







EVV Compliance Reviews



In this section, you will learn about EVV compliance reviews conducted by payers to ensure CDS employers are meeting the EVV compliance requirements.

Payers conduct:

- EVV Usage Reviews
- EVV Landline Phone Verification Reviews
- EVV Required Free Text Reviews

EVV Compliance Reviews

EVV Usage Reviews

Ensure the minimum EVV Usage Score is met

EVV
Landline
Phone
Verification
Reviews

Ensure valid phone type is used

EVV Required Free Text Reviews

Determine if required free text is entered



Compliance



CDS employers must ensure service providers (CDS employees) use EVV to clock in and clock out when delivering EVV-required services. Using EVV methods to clock in and clock out:

- Captures visit data electronically in the EVV system
- Prevents manual entry of visit data in the EVV system
- Helps ensure the minimum EVV Usage Score is met
- Helps prevent enforcement actions
- Reduces the need for visit maintenance

Note: If a clock in or clock out method is not available for the service provider to use prior to the delivery of an alternative device, the FMSA or CDS employer must create a visit in the EVV system (manually enter the visit) within the visit maintenance timeframe

Monitoring EVV Compliance

During the EVV Usage Reviews grace period, CDS employers must monitor compliance reports monthly, at a minimum, in the EVV system and perform the following:

- Use the EVV system as required
- Complete all required visit maintenance and provide necessary information to FMSA
- Train or re-train service providers on clock in and clock out methods
- Ask questions



FMSA/CDS Actions When an Unallowable Phone Type is Identified

When an unallowable phone type is identified, *FMSAs* must notify the CDS employer that the phone number is an unallowable landline phone type and:

- Work with the CDS employer to verify and document that the phone type is an allowable phone type; or
- Remove the unallowable landline phone type from the EVV system as the member's home phone landline and work with the CDS employer to ensure a valid landline number or another approved clock in and clock out method is used.

When an unallowable phone type is identified, CDS employers must take one of the following actions:

- Provide documentation to the FMSA demonstrating the current home phone landline number is an allowable phone type;
- Provide a valid home phone landline number to the FMSA; or
- Choose another approved clock in and clock out method for the service provider to use and inform the FMSA
 of the new method.



Review and Approve Time Worker



As mentioned earlier in this course, one of your EVV responsibilities as a CDS employer is to review and approve time worked by the CDS employee.

Since you indicated you selected Option 1 on Form 1722, you will:

- Review and approve time in the EVV system.
- Submit the approval to the FMSA so the FMSA can compare time worked to the budget.









What affects the EVV Usage Score for CDS employers?

 Answer: The EVV Usage Score for CDS employers equals the number of total electronic (non-manual) visit transactions divided by the total number of accepted visit transactions.

These factors affect this score:

- CDS employees not using an approved clock in and out method
- Manual visits being entered

For more information: **HHSC EVV Usage**





Who do I contact with EVV-related questions?

Answer: Refer to the EVV Contact Information Guide for CDS Employers EVV Contact Guide on the HHSC

EVV webpage for the following:

- EVV Vendor System Questions & Complaints
- CDS Policy Questions
- Questions about Financial Management Services Agencies
- Contact information for Texas Children's Health Plan: EVVgroup@texaschildrens.org





How does the schedules policy affect the CDS option?

Answer: Per guidance from EVV Policy Handbook, Sections 4600 and 16020 HHSC EVV Handbook EVV policy does not require FMSAs to enter schedules in the EVV system. Service delivery can occur with or without a schedule.

If your program requires a schedule, the FMSA can provide more details





If I take my CDS employee with me on vacation out of state, will they still be able to clock in and out with EVV?

Answer: Follow your program's policy regarding services provided out of state. If it allows services to be provided out of state, then the CDS employee can use the mobile method to clock in and clock out. If the mobile method is not available, the visit must be entered manually into the EVV system within 95 days from the date of service delivery.

NOTE: HHSC will not reimburse a claim for EVV-related services if there is not a matching accepted EVV visit transaction in the EVV Portal.





How do I send a Visit Maintenance Unlock Request in a secure email?

Answer: Encrypt the email before sending. Email encryption instructions vary depending on the email program used.

Refer to the Visit Maintenance Unlock Request Job Aid for CDS Employers on the HHSC EVV webpage <a href="https://examples.com/hhsc-evv-cds-unlock-new-cd-ev-

Complete list of frequently asked question <u>FAQ List</u>





Other EVV Resources/References



HHSC EVV resources for CDS Employers:

- EVV Webpage
- GovDelivery (EVV Email Updates)
- CDS Employer Contact Information Guide
- EVV Policy Training/Resources on the HHS Learning Portal

The HHSC EVV webpage HHSC EVV Webpage is a valuable resource for CDS employers. Information is categorized into topics.

Access the EVV Consumer Directed Services <u>EVV Consumer Direct</u> Option webpage from our webpage to view specific information and resources just for you!

o For example, the EVV Compliance Job Aid for CDS Employers, <u>EVV Compliance Job Aid</u> which provides guidance on how CDS employers can stay in compliance with EVV.

A News section is located at the bottom of the webpage. All GovDelivery postings (EVV email updates) are listed here in chronological order.



Other EVV Resources/References (cont.)



Sign up for GovDelivery GovDelivery with HHSC to receive EVV email updates, such as:

- Policy updates (new and revised)
- Training opportunities and registration
- Important EVV information and guidance for CDS employers

If you have an EVV-related question and are not sure who to contact or how to contact them, access the EVV Contact Information Guide for CDS Employers HHSC Contact Information Guide for CDS Employers on the HHSC EVV webpage. It providers a list of topics and points of contact for EVV-related questions and issues.



Other EVV Resources/References (cont.)



EVV Policy Training on the HHS Learning Portal

Self-paced EVV policy training for CDS employers is available in the following formats on the EVV Training Page of the HS Learning Portal:

- Webinar recording videos
- Computer-based training (CBT)

You can access training on the HHS Learning Portal anytime from a computer, smart phone, or tablet.

Additional resources for CDS employers are located at the bottom of the course page.













TCHP EVV Contact Information



Texas Children's EVV email address: EVVgroup@texaschildrens.org

Texas Children's Provider Relations: providerrelations@texaschildrens.org

EVV Vendor Contact Information

EVV Vendor	EVV Vendor System Name	EVV Vendor Contact Information
DataLogic Software, Inc.	Vesta EVV	Website: vestaevv.com/ Phone: 844-880-2400
First Data Government Solutions	AuthentiCare EVV	Website: solutions.fiserv.com/authenticare-tx Phone: 877-829-2002

