ELECTRONIC VISIT VERIFICATION (EVV)

POLICY

The company shall use AHCCCS's single statewide EVV System or an AHCCCS-approved alternate EVV System to help ensure, track, and monitor timely service delivery and access to care for members.

A. Service Verification

1. The company shall utilize the EVV System to track the defined data specifications as provided by the AHCCCS.
2. The Health Care Decision Maker or representative shall verify hours worked by the DCW at the point of care or within 14 days of the visit, including Manual Edits to visits.
3. The Health Care Decision Maker can send a representative with a signed Designee Attestation form (DDD-2102A) if he/she is unable to verify service delivery on an ongoing basis. The Health Care Decision Maker can change this decision at any time by completing a new attestation form.
4. Any exceptions to the Designee age is discussed with planning team and documented on the DDD-2102A form before delegating verification to designee.
5. The Health Care Decision Maker shall not verify service delivery for personally rendered services. If this situation presents barriers to verification, the Health Care Decision Maker shall document it on the DDD-2102A form.

B. Paper Timesheets

Paper timesheets are allowed when the actual date, start and end time of the service provider can be independently confirmed. However, this is subject to the following conditions:

1. The DCW and the member live in regions without stable internet service or access to telephone services.
2. Using the electronic devices is likely cause adverse health effects to the member.
3. The Health Care Decision Maker is constrained by religious or moral beliefs not to use other visit verification processes.
4. The Health Care Decision Maker has a live-in caregiver or 24-hours caregiver support and consider the verification unnecessary.
5. The Health Care Decision Maker deciding to keep their address and location information confidential, including for reasons outlined in DES Policy VR-2.2-v1.

The Health Care Decision Maker and the company shall sign the Paper Timesheet Attestation form (DDD-2101A) and utilize the standardized paper timesheet provided in the DDD Electronic Visit Verification Paper Timesheet form (DDD-2100A).

The Division will review the records of the company annually to ensure attestations accompany every action. The company can use the paper timesheets provided they meet the AHCCCS minimum data elements.

The company shall enter the paper timesheet into their EVV System within 21 days as established in the Division of Developmental Disabilities Provider Manual, Chapter 12- Billing and Claim Submission. The company does not have to record the signature in the EVV System, but shall retain the original, wet copy of the signature on file for audit purposes. They can use a faxed copy of the signature for billing purposes.

C. EVV Modalities

1. The Health Care Decision Maker can choose, at a minimum on an annual basis, the device that best fits their lifestyle and how they manage their care.
2. The company shall avail at least two visit verification modalities to carter for Health Care Decision Maker's preferences and service delivery areas without stable telecommunication network.
3. The company shall support the Health Care Decision Maker to make an informed decision regarding the modality for data collection, but changes can be adopted anytime according to the Health Care Decision Maker.
4. The company allows DCWs to use personal devices such as a smartphone, as it has a robust backup plan to accommodate unforeseen system failures.
5. The company allows GPS tracking while the DCW is on the clock, and discloses to Health Care Decision Maker how and why the DCW is being tracked.
6. The Health Care Decision Maker is allowed to change their preference for the visit verification device the DCW will use.

D. Contingency/Back-Up Plan

The company shall use the standardized Contingency/Back-Up Plan as specified in Electric Visit Verification (EVV) Member Contingency/Back-Up Plan form (DDD-2099A) to plan for missed or late service visits and discuss the member's preference on what to do should a visit be late or missed for each service provided.

The company together with the Health Care Decision Maker shall review the Contingency/Back-Up Plan at least once per year, and a current copy is provided to the assigned Support Coordinator.

The company shall follow up with the Health Care Decision Maker to discuss missed or late visits, including crafting appropriate actions to take to meet the services.

The Health Care Decision Maker can alter decisions about the Contingency/Back-Up Plan or preferences anytime. If the Health Care Decision Maker does not choose a preference a default preference is applicable according to the service.

E. Reporting

The Division will monitor and analyze the following components of the company's EVV data:

1) The Health Care Decision Maker's access to care, including late and missed visits and compliance with the contingency planning preferences, and timeliness of new medically necessary services as provided in AHCCCS AMPM Policy 1620-A, AMPM Policy 1620-D, AMPM Policy 580, and AMPM Policy 310-B.

2) The company's performance using unscheduled visits, manual edits device utilization, EVV modality types in use, visits that follow the member's Contingency/Back-Up Plan, and Monitoring of service hours authorized compared to service hours provided.

3) The company shall monitor and analyze location discrepancies and visit exceptions, maintain the list of AHCCCS EVV vendor assigned to the provider, as well as authorized service hours compared to the actual service hours

F. The Requirements for the Company

1. The company shall comply with annual EVV monitoring.
2. The company shall collect and maintain records for the audit period of at least six years from the date of payment, applicable attestations, paper timesheet allowances, and contingency/backup plans as specified in this Policy.
3. The company shall guide the Health Care Decision Maker on the scheduling flexibility according to the member's Service Plan or provider plan of care, including specific tasks that can be scheduled based on the DCW's availability at least every 90 days.
4. The company shall develop a general weekly schedule for each service, which will be captured by the EVV System. Also, the company shall facilitate a conversation with the Health Care Decision Maker or designees to determine the suitability of the scheduling requirement.
5. The company shall ensure that all EVV Systems users are trained on the EVV

System.

6. The company shall submit data timely for reimbursement, especially when an Alternate EVV System is used according to AHCCCS policies
7. The company shall comply with Health Care Decision Maker's responsiveness, including answering the phone 24/7 or returning calls within 15 minutes.
8. The company shall develop and implement policies to account for and ensure the return of devices issued to DCWs by the AHCCCS EVV Vendor.
9. The company shall have at least two types of visit verification devices to accommodate member preferences and service delivery areas without reliable and stable telecommunication services.
10. The company shall ensure any device used to independently verify start and end times without using GPS is physically fixed to the Health Care Decision Maker's home to verify location.
11. The company shall ensure that DCWs using personal devices, such as smartphones, have an alternate verification method whenever the device fails.
12. The company shall only use the Health Care Decision Maker's devices to collect data if the member has authorized the use of their device.
13. The company shall contact the Health Care Decision Maker to validate and document any visit exceptions, including actual activity performed during the visit, according to CMS's Medicare signature and documentation requirements for Changes resulting from the exceptions process (addendums) to records.
14. The company shall maintain Manual Document Edits to visits within the system, including hard copy documentation.

G. Qualified Vendor Attestation

The company shall complete an attestation form to verify compliance with the requirements of Electronic Visit Verification. This attestation shall be incorporated as a requirement of the Division's credentialing and re-credentialing process.

H. After-Hours Telephone Survey

The Division conducts a telephone survey to verify that calls made to the company after business hours are answered immediately or returned within 15 minutes. Also, the Division monitors the Health Care Decision Maker's grievances about Vendors after-hour responsiveness.

The company shall have a telephone system with a recorded message indicating the company's name and how to reach staff after-hours. The message shall indicate to the caller the 15-minute timeframes the caller can expect a return call. The current

after-hour contact information shall be maintained in the Division's CAS system.

SURVEY PROCESS

A. The Division can randomly select the company to participate in the After-Hours Telephone Survey.

B. If the company answers the call immediately or returns the call within 15 minutes, the Division documents the Vendor's response and ends the survey.

C. If company fails to answer or return the call within 15 minutes:

1. Corrective Action Plan (CAP)
    a. The Division will send a Corrective Action Plan (CAP) letter to the company, demanding response within 14 calendar days from the date of the CAP letter.
    b. Failure to submit a CAP to the Division within 14 calendar days warrants the Division to send a second CAP letter to the company, demanding response within five calendar days from the date of the second CAP letter.
    c. Failure to respond within the five calendar days from the date of the second CAP letter, the Division may opt for the progressive contractual action.
2. CAP Review and Verification
    a. After review, the Division sends a letter to the company that either accepts or rejects the CAP.
    b. The rejection of the CAP warrants the Division to schedule a meeting with the company and offer technical assistance.
    c. After Acceptance:
        i. Division Network staff shall conduct three follow-up calls to the company on different dates/times over three consecutive months.
        ii. If the company answers each after-hours follow-up phone call or returns the call within 15 minutes, the company shall receive a letter from Division indicating the company is compliant and the closure of CAP.
        iii. If the company fails to answer the follow-up after-hours calls, the Division may follow progressive contractual action.

MONITORING AND OVERSIGHT:

“The Company” will conduct internal investigation, develop an incident report, and notify the Division of Developmental Disabilities and Guardian about any breach of this policy.

Specific actions include the following:

1. The company shall take a corrective action, up to and including termination of employment of any employee who violates this policy.
2. This manual will cover all topics when staff attends the “Company” Policies and Procedures training.
3. Training programs will cover the frequency of each topic as the topics correlate therein.
4. All training programs will be implemented in-person, self-study or online as necessary.
5. The company shall verify employee’s comprehension and competency acquired with the policy and training provided

The policy shall be reviewed by all direct care staff at least once per year and whenever revisions are made, each staff will sign/attest. The company shall keep track of each staff attestation in a spreadsheet.