Electronic Visit Verification Frequently Asked Questions

Overview

What is EVV?

A. EVV is a system which electronically verifies that home or community-based service visits occur by documenting six points of data:
- Type of service performed
- Individual receiving the service
- Date of the service
- Location of service delivery
- Individual providing the service
- Time the service begins and ends

An EVV solution may include multiple point-of-care visit verification technologies, such as mobile phone application, telephonic, and web-portal.

Why are states required to implement Electronic Visit Verification?

A. Section 12006(a) of the 21st Century Cures Act mandates that state Medicaid agencies implement an Electronic Visit Verification (EVV) system for select Home and Community Based Services (HCBS) and State Plan services that require an in-home visit by a provider. States that do not implement EVV will incur a reduction of Federal funding.

Which services require EVV?

A. The 21st Century Cures Act mandates that states implement EVV for Personal Care and Home Health services. Colorado's implementation will require EVV for required services and additional services that are similar in nature and service delivery. Services types that require EVV include:
- Behavioral Therapies (provided in home or community)
- Consumer Directed Attendant Support Services (CDASS)
- Home Health
- Homemaker
- Hospice
- Independent Living Skills Training (ILST)
- In-Home Support Services (IHSS)
- Life Skills Training
- Occupational Therapy (provided in the home or community)
- Pediatric Behavioral Health
- Pediatric Personal Care
- Personal Care
- Physical Therapy (provided in the home or community)
- Private Duty Nursing
- Respite (provided in the home or community or community)
- Speech Therapy (provided in the home)
- Youth Day

A detailed list of services, including procedure and revenue codes, that require EVV in Colorado can be found in the EVV Types of Service section in the "EVV Program Manual."

Is EVV required for services in both the home and in the community?
A. Yes. The Department requires EVV for all mandated services, regardless if the service occurs in the home or in the community. Most services that require EVV in Colorado may be provided in both the home or community. Billing procedure and revenue codes processed through the State's MMIS system (Gainwell interChange) do not differentiate the location of service delivery. Requiring EVV for services provided in the home and the community encourages fluid service delivery and avoids significant changes in service design. The Department is also committed to assuring that services may be delivered without pre-determined locations, preventing barriers to service delivery.

What is the CDASS EVV Compliance Protocol?

A. The Consumer Directed Attendant Support Services Electronic Visit Verification Compliance Protocol (or CDASS EVV Compliance Protocol) ensures that CDASS members comply with the federal EVV mandate. It ensures that EVV is performed correctly and appropriately. Due to the unique structure of the CDASS delivery option, the Department developed a compliance protocol for CDASS participants. The protocol was a collaborative effort between employers/Authorized Representatives (ARs), attendants, Financial Management Services (FMS) Vendors, Consumer Direct of Colorado's (CDCO), and the Department.

Where can I find out more information about the CDASS EVV Compliance Protocol?

A. There are multiple resources available to learn more about the protocol. The most up-to-date information can be found on the [Participant Directed Programs Policy Collaborative page](#), or the [EVV Resources page](#). If you have specific questions about the protocol, we recommend contacting your FMS Vendor by phone or email, or the EVV Team by emailing [evv@state.co.us](#).

When does the CDASS EVV Compliance Protocol begin?

A. The protocol begins February 1, 2022. The Department will review EVV compliance for each month's pay periods, with notifications being sent out the following month. For example, pay periods from April 1-30 will contain April's EVV compliance; notifications will be sent at the end of May.

Timeline/Implementation

When does EVV need to be implemented?
A. The Department has mandated the use of EVV for all affected providers beginning August 3, 2020 to allow providers time using EVV before potentially affecting payments.

What is the EVV implementation timeline in CO?
A. Colorado's EVV system went live on October 1, 2019, and providers could begin using the State EVV Solution or a Provider Choice System at that time. Using EVV was voluntary until August 3, 2020. The period of time between October 1, 2019 and August 3, 2020 was called the Soft-Launch. The Soft-Launch was an opportunity for providers and caregivers to become familiar with EVV before claims integration, test and interface Provider Choice Systems, inform policy and system changes, and help the Department identify and develop supplemental training materials. Beginning February 1, 2022, all claims requiring the use of EVV will encounter a pre-payment review. Additional details can be found in [Operational Memo 21-075](#).

Why is Colorado implementing EVV for Home Health prior January 1, 2023, as mandated by the 21st Century Cures Act?
A. Combining implementation streamlines service delivery for members, mitigates confusion among providers who deliver multiple services requiring EVV, alleviates duplicative training requirements, reduces systems costs for providers who employ their own EVV solution, and effectively utilizes Department resources.

How has the Department tested the EVV State EVV Solution?

A. The Department has dedicated User Acceptance Testing (UAT) professionals to test scenarios ensuring the State EVV Solution functions based on business requirements. The Department also developed opportunities for stakeholders to participate in the UAT process and provide feedback on specific scenarios that they would like to see tested. The UAT process for the State EVV Solution concluded in October 2019.

Will providers be able to use the State EVV Solution or interface with the State Solution before EVV is required for claims processing?

A. Yes. The Department will allow all providers the opportunity to work within the State EVV Solution or connect a Provider Choice System to the State Solution before EVV is required for claims processing. The Department refers to the time between when the system is available to providers and when EVV is required for claims processing as the Soft-Launch. The Soft-Launch ensures that providers and direct care workers understand how to correctly use EVV and that providers who use their own EVV solutions have time to configure their systems to be fully operational EVV is mandated. The Department strongly recommends that all providers participate in the Soft-Launch. Technical assistance will be available to providers during the Soft-Launch.

Affected Services

Which services require EVV?

A. The 21st Century Cures Act mandates that states implement EVV for Personal Care and Home Health services. The Code of Colorado Regulations ([10 CCR 2505.10 8.001](#)) outlines implementation in Colorado. Colorado's implementation will require EVV for federally required services and additional services that are similar in nature and service delivery.

Services types that require EVV include:
- Behavioral Therapies (provided in home or community)
- Consumer Directed Attendant Support Services (CDASS)
- Home Health
- Homemaker
- Hospice
- Independent Living Skills Training (ILST)
- In-Home Support Services (IHSS)
- Life Skills Training
- Occupational Therapy (provided in the home or community)
- Pediatric Behavioral Health
- Pediatric Personal Care
- Personal Care
- Physical Therapy (provided in the home or community)
- Private Duty Nursing
- Respite (provided in the home or community)
- Speech Therapy (provided in the home or community)
- Youth Day

A detailed list of services, including procedure and revenue codes, that require EVV in Colorado can be found on in the Colorado [EVV Types of Service Billing Conditions and Code Inclusions](#) located in the [EVV Program Manual](#).

Does the EVV mandate apply to services I provide?

A. The best way to find out is to refer to the [EVV Types of Service Billing Conditions and Code Inclusions](#) located in the [EVV Program Manual](#). Services not specifically listed in this inclusion list do not require EVV.

Does the EVV mandate apply to Telemedicine services?
A. EVV required services provided via Telemedicine must collect EVV unless provided in a setting that is exempt from EVV services. For example, Behavioral Consultation in an office (Place of Service 11). For additional information on Telemedicine and EVV, refer to the [Telehealth/Telemedicine section](#), listed in the [EVV Program Manual](#).

Live-in Caregiver Exemption

Who qualifies for a Live-in Caregiver Exemption and which types of services are eligible (or ineligible) for Live-in Caregivers Exemption?
A. The Department has developed the following definition based on federal precedent and stakeholder engagement:

A live-in caregiver is a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by either the U.S. Department of Labor, Internal Revenue Service, or Department-approved extenuating circumstances.

Documentation of live-in caregiver status must be collected and maintained by the provider agency. Live-in caregiver status is established by the member/caregiver relationship and only pertains to relationships where documentation has been provided and approved.

The following services **may be exempt** from EVV if provided by a Live-in Caregiver. Further information on how to apply for an exemption can be found in [Operational Memo 20-051 - EVV Live-In Caregiver Exemption](#). Live-In Caregiver Attestation Form can be found on the [EVV Resources website](#).

Eligible services for Live-in Caregiver Exemption
- Behavioral Therapies
- Consumer Directed Attendant Support Services (CDASS)
- Home Health
- Homemaker
- Independent Living Skills Training (ILST)
- In-Home Support Services (IHSS)
- Life Skills Training (LST)
- Pediatric Personal Care
- Personal Care
- Private Duty Nursing
- Respite
- Youth Day

Not exempt/Ineligible for Live-in Caregiver Exemption
- Durable Medical Equipment
- Hospice
- Occupational Therapy
- Pediatric Behavioral Therapies
- Physical Therapy
- Speech Therapy

Do Live-in Caregivers need to use EVV?
A. An informational bulletin released by CMS permits states to exempt Live-in Caregivers from EVV if the state chooses. The Department does not require that Live-in Caregivers use EVV and delayed the implementation of EVV to operationalize an exemption for Live-in Caregivers. Individual provider agencies are permitted to require EVV for Live-in Caregivers employed by the agency, if they choose. For further information on the

Live-in Caregiver Exemption, please refer to [Operational Memo 20-051 - EVV Live-In Caregiver Exemption](#). Live-In Caregiver Attestation Form can be found on the [EVV Resources website](#).

How will the billing system identify Live-in Caregivers for an EVV exemption?

A. Billing providers may submit claims including both Live-in Caregiver services and services requiring EVV records at the same time. Each claim line must appropriately indicate if the service was provided by a Live-in Caregiver. If the same service is provided by both a Live-in Caregiver and a non-Live-in Caregiver, the units billed to each should be billed on separate claim lines and indicated correctly.

For claims billed using the **CMS 1500** billing methodology, **Place of Service 99** must be designated for all lines where a Live-in Caregiver has delivered the service. Providers who have previously used Place of Service 99 to indicate information other than Live-in Caregiver designation are advised that this Place of Service has been repurposed to identify services provided by Live-in Caregivers. Utilizing of Place of Service 99 will require proof of Live-in Caregiver status.

For claims billed using the **UB-04** billing methodology, **Condition Code 23** must be designated for all lines where a Live-in Caregiver has delivered the service.

For further information on the Live-in Caregiver Exemption, please refer to [Operational Memo 20-051 - EVV Live-In Caregiver Exemption](#), under its section *Operational Methods of Billing for Live-in Caregiver Services.*

If a direct care worker is the member's parent, is EVV required?

A. Federal guidance permits states to exempt Live-in Caregivers from EVV. Colorado will not require that Live-in Caregivers complete EVV. This exemption may or may not apply to the parent of the member, depending on the living arrangement. If a parent is not a Live-in Caregiver for the member receiving care, they will need to complete EVV entries for the member.

Does the Live-in Caregiver Attestation Form need to be submitted to the Department or just kept on file with the agency?

A. The Live-in Caregiver Attestation from only needs to be sent to the Department if Part C: Extenuating Circumstance is being requested. Otherwise, retain the form on file at the provider agency. The form must be updated annually or when information on the form becomes outdated. If Part C: Extenuating Circumstance is being requested, please submit your completed form to EVV@state.co.us. For further information on the Live-in Caregiver Exemption, please refer to [Operational Memo 20-051 - EVV Live-In Caregiver Exemption](#).

When are the Attestation Forms due?

A. Forms are to be completed before planning to bill for EVV-applicable services using the billing exemption guidelines. Otherwise, up until the time the form is completed and validated, EVV must be submitted for those services billed. For more information, please refer to the [Operational Memo 20-051 - EVV Live-In Caregiver Exemption](#).

Can families use docu-sign to sign the Live-in Caregiver Attestation Form?

A. Yes, the Live-in Caregiver Attestation Form can be completed electronically, including the required signatures.

How will a Live-in Caregiver do timesheets?

A. Billing for a Live-in Caregiver will not affect how you currently record timesheets. Continue to have your Live-in Caregiver fill out timesheets as they normally would.

I've completed my Live-in Caregiver exemption form Part C, where should I send this form?

A. Pre-approval of the extenuating circumstances (Part C) is required by emailing the completed form first to EVV@state.co.us. **Please send completed Live-in Caregiver Exemption forms for Part C only.**

Devices/Technology

What technology components are included in the State EVV Solution?
The State EVV Solution will utilize two primary technologies for capturing visit information at the service location:

- **Mobile Visit Verification (MVV):** A GPS enabled mobile application downloaded on a smartphone or tablet. **Telephony Visit Verification (TVV):** A system accessed via a toll-free number, accessible 24 hours a day, 7 days a week.

- The State EVV Solution also offers an optional Scheduling Module. No scheduling information is transmitted to the Department, but providers may find the functionality useful in their business practice.

  - **Data Aggregator:** The Data Aggregator is a behind-the-scenes tool used to transmit EVV data to the interChange from both the State EVV Solution and Provider Choice systems. Providers who utilize a Provider Choice System will have read-only access to a web portal in the Data Aggregator to view visit data.

The state will also employ web-based functionality for use by provider agencies.
Sandata Provider Portal: Provider agencies utilizing the State EVV Solution will have access to a portal to view and modify visit activity, and in limited circumstances, create EVV records. All information entered via the provider portal is notated as manual entry or edit and will be subject to Department audit.

Does EVV require a microphone, photographic, or video monitoring?
A. No. The Department will not allow or accept biometric data, pictures, video, or voice recordings to identify clients or substantiate Medicaid visit data. Visit data that includes biometric data, pictures, video, or voice recordings is not required and must not be submitted.

What technical specifications are required for a mobile device to use the State EVV Solution mobile application?
A. iPhone users: the application is best viewed on an iPhone 6 and higher, running Minimum iOS version 9.0.

Android users: the application is best viewed on an Android device using Android OS 7.0 (Nougat) or higher, with a minimum OS of Android 5.0 (Lollipop).

Does the state mobile application use large amounts of data?
A. For MVV in the State EVV Solution, each clock-in and clock-out uses roughly the same amount of data as a text message.

How does the State EVV Solution web portal capture EVV data that occurs from two different modalities (ex. clock-in using MVV then clock-out using TVV)?
A. Visits will merge automatically if the same direct care worker enters both start time and end time of the service.

Are members required to have a landline or cell phone to continue services?
A. No, EVV does not require members to obtain a home landline or cell phone. Verification of service through EVV is the responsibility of the provider agency. Technology necessary for EVV should be supplied by the provider or direct care worker.

A member may approve of the caregiver using their personal landline or cell phone for EVV, but it is not required.   If a provider encountering a field within the State EVV Solution that requires a member's phone number and no member number is available, providers may enter (999) 999-9999.

What are the technical specifications required for Provider Choice Systems?
A. Technical specifications for Provider Choice Systems can be found on the EVV Provider Choice Systems page. The Department maintains a list of vendor software versions already integrated with the State EVV Solution. Interface time may be reduced if using a solution already integrated with the State. The Department does not endorse or certify any specific EVV vendor beyond operability and successful data transmission.

How will visit data be stored in the State EVV Solution?
A. Data submitted through the State EVV Solution will be stored in the Sandata system and transmitted to both the State's MMIS (DXC interChange) and Business Intelligence Data Management (BIDM) system. This is the industry standard and complies with federal privacy and security practices.

Is GPS required?
A. GPS is not required. In the State EVV Solution, the mobile application uses GPS but the telephone option does not.

What forms of service location are acceptable for the EVV State Solution?
A. The State EVV Solution will accept GPS coordinates, street addresses, or uniquely identifiable locations. See EVV Program Manual for further details.

How and when will the location be captured?
A. The Cures Act only requires that location be captured at the beginning and end of a visit, not continuous location collection. The Colorado EVV program will only collect location at the time of clock-in and time of clock-out for each service delivered. For the State EVV Solution, location will be captured via GPS when MVV is used and through Automatic Number Identification (ANI) technology for TVV.

How will service details collected through EVV be stored and kept safe?
A. EVV data is stored on secure servers that are managed and maintained by Sandata, DXC, and IBM. The Department's contracted vendors are responsible for ensuring the data meets state cybersecurity and Health Insurance Portability and Accountability Act (HIPAA) requirements.

Will the State EVV Solution utilize predetermined locations for service delivery?
A. No. The Department has opted to not verify a service location against a member's home or other pre-determined location.

Can the State EVV Solution be used in a rural area?
A. Yes. The State EVV Solution is designed to work across the state. The MVV application can work without cellular service and upload information when service is restored or connected to Wi-Fi by re-opening the application. The TVV option is also available in rural areas when either a cell phone or landline is available. In situations where MVV and TVV are both unavailable, a provider may complete EVV requirements through the Sandata provider portal. Please note that manual entries are subject to increased scrutiny by the Department.

How will the State EVV Solution identify a member's phone number?
A. Within the State EVV Solution, the client phone number will be entered in the EVV Provider Portal by the provider agency. The system will cross-reference which member is associated with which phone number.

Are photos utilized in the EVV State Solution?
A. No. The EVV State Solution does not require or have the capability for photo submission for service verification. The Department will not allow or accept biometric data, pictures, video, or voice recordings to identify clients or substantiate Medicaid visit data. Visit data that includes biometric data, pictures, video, or voice recordings is not required and must not be submitted.

Will the Scheduling Module let me clock into a service if I am late to the visit?
A. Yes, clock-in is available for late visits via MVV application and TVV. The Scheduling Module is optional for EVV and no information about schedules is transmitted to the Department.

What are the thresholds for manual entry?
A. Threshold means an acceptable amount of EVV records that have been added or modified after the time of service. At this time CMS does not have thresholds set for manual or modified entries and the Department does not have thresholds on how many EVV records are manually entered or edited through the web portal. Best practice is to collect EVV at the time of service delivery.

What are the caregiver language options for the State EVV Solution?
A. English, Spanish, Russian, Somali, Mandarin Chinese, and Egyptian Arabic.

What if a direct care worker's phone or device loses power during a visit?
A. The direct care worker is still responsible for reporting the visit. Visit activity already recorded will be saved until the phone or device regains power. If the visit is still in progress when the phone or device regains power, it is possible that EVV can be recorded correctly. Visits may also be clocked-in via MVV and clocked-out via TVV. If the visit is unable to be accurately recorded the agency administrator may fix visit data within the Sandata Provider Portal. Please note, manually entered visits are subject to Department audit.

What if a direct care worker loses their phone?
A. Services will not be impacted by a direct care worker's lost device. The provider agency will be able to complete manual entry through the web portal. Any EVV data remaining on the device is encrypted and unable to be accessed without the caregiver logging in. Within the State EVV Solution, direct care workers must log into the Sandata application each time it is used for EVV, preventing unauthorized access to sensitive member data.

How will providers upload member and direct care worker information into the State EVV Solution?
A. Members and direct care workers will be entered by the provider agency.

To learn more about uploading members or direct care workers, contact the Sandata support center.
Phone: (855) 871-8780
Email: cocustomercare@sandata.com

Are providers required to purchase an EVV system?
A. No. Colorado is implementing EVV through a hybrid approach. The Department implemented and maintains a State EVV Solution that providers may utilize at no cost. A provider may instead choose to implement and utilize the EVV system of their choice. A Provider Choice EVV System must meet the Cures Act requirements and successfully integrate with the State EVV Solution for data transfer.

While providers may utilize the State EVV Solution free of charge, costs associated with purchasing and maintaining a Provider Choice System are the responsibility of the provider. There will be no fee to providers for connecting or transmitting data to the State EVV Solution Data Aggregator.

Can an agency use its current Electronic Health Record (EHR) as an EVV solution?
A. Yes; if the EHR has an EVV component. Colorado is implementing EVV through a hybrid approach, meaning that agencies may use the State EVV Solution or different EVV solution of their choice. If an agency chooses to use a Provider Choice system, the solution must meet the Cures Act requirements and successfully integrate with the State EVV Solution Data Aggregator for data transfer. It is possible that an existing EHR may meet these requirements. The Department recommends agencies contact their vendor for details and work with the Sandata Alternate Vendor support center to assure the EHR will interface correctly. Further information can be found on the Provider Choice Systems page.

Sandata Alternate Vendor Support Center:
Email: COAltEVV@sandata.com
Phone number: 844-289-4246

How can providers make an informed decision on whether to use the State EVV Solution or a provider choice system?
A. The Department understands that providers require information on the State EVV Solution to make an informed decision regarding which EVV system to utilize. The Department recommends that agencies evaluate their business needs against capabilities of the State EVV Solution, taking into consideration the fiscal impacts of Provider Choice Systems. For details of the State EVV Solution functionality, review the EVV Agency Provider Participant Training Guide and the EVV Training Supplemental Materials Guide located on the State EVV Solution Provider Information page on the EVV website. For details of technical requirements for Provider Choice Systems, visit the EVV Provider Choice Systems Information page on the EVV website.

Is there a list of approved Provider Choice Systems?
A. A current list of the Provider Choice systems that have previously interfaced with Sandata can be found on the EVV website. Utilizing a vendor from this list may reduce interface time. The Department does not endorse any specific vendor.

Is there a deadline for when a provider agency must choose between the State EVV Solution or a Provider Choice System?
A. Provider agencies are advised that when EVV is mandated, EVV must be used. The hybrid approach to EVV implementation permits flexibility when choosing which system to utilize. Providers may choose to utilize the State EVV Solution at any time, and if a Provider Choice System is not working the State EVV Solution may be used. Since training and system requirements for the State EVV Solution may differ from that of Provider Choice Systems, the Department recommends that providers plan timelines accordingly to ensure a seamless transition.

Financial Management Service (FMS) vendors for the CDASS program may use the State EVV Solution or a Provider Choice system. However, requirements within the FMS contracts establish guidelines for when a vendor may choose to utilize the State EVV Solution. FMS vendors should refer to their contract for details.

Is it a provider's choice to use MVV vs. TVV or a combination of two?
A. Yes. Providers may choose what works best for their agency, caregivers, and members.

What is the Scheduling Module?
A. The Scheduling Module is an optional feature within the State EVV Solution. This allows an administrator to enter scheduled visits for their direct care workers and members. It also allows for provider agency staff to receive alerts if direct care workers are missing scheduled services and if there is a need to send an additional direct care worker out to a member to ensure service delivery. No scheduling information is transmitted to the Department, only visit-related data is.

What if I don't have my own phone or internet to collect EVV?
A. Agency-employed attendants should talk to their employer agency to see if they offer the technology.

Additionally, Lifeline is a federal program that offers a monthly benefit towards phone or internet services for eligible subscribers. For more information and to apply, see the Lifeline Program.

Provider Questions

Why are services outside the Federal mandate included in Colorado EVV?
A. Technical guidance provided by the Centers for Medicare and Medicaid Services (CMS) clarified that the Cures Act requires EVV for services outside of Personal Care and Home Health. When service provision is permitted to be in a member's home, CMS indicated that services covered under the Home Health authority, except DME, and HCBS services which include an element of Personal Care are also mandated. The Department has also included services that are similar in nature and service delivery to mandated services. This ensures services are delivered to members and streamlines requirements for providers.

Are members required to keep a monitoring device in their homes?
A. No. Services will be verified through the State EVV System by using an application on a mobile phone or tablet, telephone call, or Sandata web-portal. The direct care worker should bring required the technology into the member's home for verification and take it with them when they leave. Provider Choice Systems may use different technology than the State EVV Solution, however the Department is unaware of any Provider Choice Systems that currently utilize stationary devices in the home. Members are encouraged to contact their agency for details.

Will EVV fulfill the survey or compliance requirements of the Colorado Department of Public Health and Environment (CDPHE)?
A. Not necessarily. The purpose of EVV is to meet the mandate as outlined in the 21st Century Cures Act and is not intended to fulfill CDPHE certification or survey requirements. The Department recommends providers continue their current practice for fulfilling CDPHE requirements. Reports may be run from the State EVV Solution that could be used to supplement CDPHE requirements, but it is the providers' responsibility to assure that all CDPHE requirements are met. Providers may use a Provider Choice System that integrates CDPHE survey or compliance requirements while also collecting and submitting EVV data.

Will consumers or attendants have access to the system to verify whether they checked in and out correctly?
A. A caregiver using the State EVV Solution's mobile application may view all visits completed for the last 10 days. If using the Provider Choice EVV solution, please confer with your vendor to understand the usage of their technology. CDASS utilizes EVV systems provided by the FMS vendors; please check with your FMS vendor specifically to understand how their system may be accessed.

What if the caregiver is locked out of the EVV application or needs to reset the password?
A. On the Sandata application, caregivers can reset their password by clicking "Forgot Password" on the Login screen and answering security questions set up during the onboarding process. If unsuccessful, attendants should contact their Agency for password assistance. Caregivers using a Provider Choice system should contact their provider agency or vendor for instructions on how to reset the password or unlock application.

Who sees information collected in EVV?
A. EVV data is only visible to caregivers, agency-designated administrators, and the Department of Health Care Policy & Financing.

What happens if the Sandata application is accidentally deleted from the smart device, is cache data lost?
A. Yes. If the app is deleted from the device, the cached data collected in offline mode is removed.

How should a provider prepare for EVV implementation?
A. To prepare for EVV implementation providers should learn about EVV requirements, decide whether they will utilize the State EVV Solution or a Provider Choice EVV system, and complete mandatory training.

In addition, the Department recommends that provider agencies:

- Review and update contact information in the DXC provider portal. EVV information will be sent to the email address on file.
- Read EVV email communications and check our website for updates.
- Attend stakeholder meetings held by the Department.
- Begin communicating to direct care workers and members on what EVV is and how it will impact them. The Department will provide supplemental information for providers to disburse.
- Develop an internal training plan for administrators and caregivers.
- Assess technology resources available for EVV compliance. Will the agency ask caregivers to utilize their own mobile devices or will the agency provide technology?

How should a member prepare for EVV implementation?
A. In most situations, compliance with EVV requirements is the responsibility of the provider agency. The impact on most members will be minimal and no preparation is needed. However, CDASS members/authorized representatives employ the direct care worker and as an employer will need to learn about EVV requirements and complete training offered by their selected Financial Management Services (FMS) vendor. Additional details for CDASS members will be communicated by FMS vendors.

What responsibility does the Department have to ensure that provider choice systems are ADA compliant? Is the State EVV Solution ADA compliant?
A. The State EVV Solution is WCAG 2.0 certified. As a condition of the Provider Agreement, providers must comply with all state and federal ADA laws, this includes their EVV solution.

Will members still be able to receive services in the community with EVV?
A. Yes. The implementation of EVV does not change the format or location of service delivery. Individuals will continue to receive services per their service plan and existing program rules.

What if the person I care for has a medical emergency?
A. The member's emergency care comes first. A visit can be manually entered or edited by the agency administrator in the provider portal if EVV was not able to be captured at the time of visit.

What if the person I care for needs an unscheduled service?
A. The Scheduling Module is an optional feature in the State EVV Solution. The caregiver is responsible for reporting EVV when care is delivered, whether scheduled or not.

What if there are two clients in the home?
A. If there are two clients in the same home, the attendant will choose which client they are providing services to. If the service pertains to both, the attendant will be able to clock in separately for each individual or provide a group service, if appropriate.

In the event the caregiver is unable to collect EVV data at the time of service delivery, what options do provider agencies have to enter missing data?
A. Within the State EVV Solution, an agency administrator may complete visit maintenance in the Sandata Provider Portal. The administrator will enter the missing data and select a reason code on why a manual entry was done. Manual entry may be entered on a case by case basis. Please note that these entries are subject to increased scrutiny by the Department.

How much time will it take for caregivers to clock-in and clock-out?
A. Clocking-in and clocking-out will require less than one-minute for MVV or TVV within the State EVV Solution. Users have reported the MVV solution is slightly quicker.

How will multiple direct care workers record visits to one member on a given day?
A. The State EVV Solution can record multiple visits to a member per day. Each direct care worker has their own unique identifier and EVV records created by that identifier are direct care worker specific. The State EVV Solution does not limit the number of services a member can receive in one day.

Do members need to verify services within the EVV application?
A. The Department does not require that Medicaid members sign or verify services in the EVV solution. Provider agencies may require verification of service provision outside of EVV.

Do behavioral health services, such as behavioral health consultation and behavioral plan assessments require EVV?
A. Behavioral health is a very broad field and only some services require EVV. To see if services you provide require EVV, please refer to the EVV Resources website, listed in the "EVV Program Manual."

I oversee multiple caregivers, does each individual caregiver need to obtain a Medicaid ID to submit EVV records?
A. Caregivers don't need a Medicaid ID to submit EVV records. Caregivers will just need their login credentials to sign into the chosen EVV technology and submit EVV records through MVV, TVV, or web-portal.

Billing

Is the EVV clock in/out connected directly to billing?
A. No, an EVV record does not bill the Department. Claims will continue to be billed in the Gainwell Provider Portal. Beginning on February 1, 2021, EVV mandated services will require a corresponding EVV record prior to claims processing.

Do EVV groupings impact billing practices?
A. No. EVV service groupings were created for caregiver ease of use when clocking-in and clocking-out for EVV. The Department maintains a Crosswalk of Codes of all individual billing codes to the EVV service groupings, assuring that a grouped service codes are matched with an individual service submitted on a claim.

Are EVV code groupings the same for both the State EVV Solution and Provider Choice Systems?
A. Yes. This allows for information sent to the interChange from the Data Aggregator to be the same across any system a provider may choose.

Will manual billing periods be affected for providers using the State EVV Solution?
A. The Department does not intend for the implementation of EVV to impact current billing rules. Providers that span bill or bill for more than one service per day should continue with current practices.

How should an agency bill for travel time since the time captured by EVV will be different total units billed?
A. Travel time billing will be discontinued throughout Colorado effective January 1, 2021. You can learn more about the changes, rebased rates, and how they may impact you in the HCPF Policy Memo 20-008.

I am seeing EOB code 3054 on my remittance advice (RA), what does that mean?

A. If you are seeing EOB 3054 on your remittance advice, that means a service you are billing for requires an EVV record and one was not found. This EOB code is specific to the line being billed and will be listed next to the line item that is missing an EVV record. If you entered an EVV record for this line item, but are still getting this EOB code, see the EVV Program Manual 'How do I check why my claim didn't match to a visit?' for more details.

Does EVV change the way providers bill? How will EVV impact claims processing?
A. Claims are still billed within the Gainwell Provider Portal. The claim will process as usual including verification against existing claim edits. If the service type requires EVV and EVV is not present, EOB 3054 will be generated indicating "EVV is missing". Prior to pre-payment claim processing an EOB 3054 code should be used as a marker that EVV is required for the claim. Once pre-payment claim review begins, if EOB 3054 is present, the claim is subject to denial.

How should EVV be used for Telemedicine when clinic services are provided by phone during a pandemic?
A. State Plan Telemedicine services should be billed with Place of Service 02 which requires EVV if the service would require EVV when delivered in the home. HCBS Telemedicine services should be billed as usual and EVV collected. Further information is available in the [EVV Program Manual](#).

What happens if I adjust a visit?

A. Visits that are adjusted will be available for matching in the Gainwell Claims System the day after the adjustment to the visit has been made. Ensure you are waiting at least one day to bill for services that were adjusted for proper matching.

Training Questions

How should a provider prepare for EVV implementation?
A. Compliance with EVV requirements is the responsibility of the provider agency. To prepare for EVV implementation, providers should learn about EVV requirements, decide whether they will utilize the State EVV Solution or a provider choice EVV system, and complete mandatory training.

In addition, the Department recommends that provider agencies:

- Review and update contact information in the DXC provider portal. EVV information will be sent to the email address on file.
- Read EVV email communications and check our website for updates.
- Attend stakeholder meetings held by the Department.
- Begin communicating to direct care workers and members on what EVV is and how it will impact them. The Department will provide supplemental information for providers to disburse.
- Develop an internal training plan for administrators and caregivers.
- Assess technology resources available for EVV compliance. Will the agency ask caregivers to utilize their own mobile devices or will the agency provide technology?

How should a member prepare for EVV implementation?
A. In most situations, compliance with EVV requirements is the responsibility of the provider agency. The impact on most members will be minimal and no preparation is needed. However, if a member utilizes CDASS, preparation will be necessary. CDASS members/authorized representatives employ the direct care worker, and as an employer will need to learn about EVV requirements and complete training offered by their selected Financial Management Services (FMS) vendor. Additional details for CDASS members will be communicated by FMS vendors.

What types of training will be offered?
A. Training is mandatory for providers who utilize either the State EVV System or a Provider Choice system. Successful training completion results in administrative log-in credentials, which are used to access the State EVV Solution or Data Aggregator. Prior to the launch of the EVV system in October 2019, in-person classroom and instructor-led webinar trainings were hosted by the Department and our EVV vendor. The self-paced eLearning is the training modality currently available and will remain available throughout the life of the EVV program. This training format is available for multiple staff members within the agency. Please note, that the first staff member to complete the training will initiate the release of log-in credentials.

Training for State EVV Solution users can be found on the [State EVV Solution Information](#) page.

Training for Provider Choice system users can be found on the [EVV Provider Choice Systems Information](#) page.

What training materials will be available?
A. Training materials cover administrative and direct care worker functions within the State EVV Solution and how to utilize the Data Aggregator. The Department has and continues to collect stakeholder feedback on additional training materials that would be helpful to stakeholders. The Department is not coordinating training efforts for direct care workers or Provider Choice systems. This training is the responsibility of provider agencies.

Is training mandatory?
A. Yes. Training is mandatory for State EVV Solution users and Provider Choice System users to receive log-in credentials to the Sandata Provider Portal of the State EVV Solution and Data Aggregator.

If an agency chooses to use a Provider Choice System for EVV, will the agency still need to complete the State EVV Solution training?
A. No. Completing State EVV Solution training or Data Aggregator training generates log-in credentials for a provider agency. Each provider agency is only allowed one set of credentials per Provider Medicaid ID; therefore, the agency must choose which training to complete based on their EVV system. The Data Aggregator training is required for Provider Choice Systems.

Will there be a separate training for direct care workers?
A. No. At this time, Department offered training is for provider agencies and provider agencies are responsible for training direct care workers. Per stakeholder request, the Department has developed additional State EVV Solution reference training materials for direct care workers.

It's been six months since I completed my training and I need a refresher, is there re-training available?
A. Self-paced trainings are always accessible and may be accessed by providers. State EVV Solution training is located on the EVV webpage here. Provider Choice System training is located on the EVV webpage here. In addition, the training guide, the Colorado addendum, and a recording of a webinar training series is available on the website.

Will I be compensated for training?
A. The training provided by the Department is free of cost. While training is mandatory to receive log-in credentials, the provider agency will be responsible for deciding how staff will be compensated for attending training. The Department will not reimburse expenses incurred for training.

Who do I contact to receive the Welcome Kit?
A. A Welcome Kit should be sent after training is completed. If a Welcome Kit was not received, please contact the Sandata Help Desk at 855-871-8780 or CO-HCPF-EVVProviderHelpdesk@etraconline.net. If they are unable to help you, please reach out to evv@state.co.us with the ticket number.

Do I need to attend multiple trainings if I oversee multiple agencies?
A. No. Please contact the Sandata Help Desk at 855-871-8780 or CO-HCPF-EVVPROVIDERHelpdesk@etraconline.net and they will approve your credentials without going through training for each agency.

Provider Choice Systems

What are the technical specifications required for Provider Choice Systems?
A. Technical specifications for Provider Choice Systems can be found on the [EVV Provider Choice Systems Information](#) page. The Department will maintain a list of vendor software versions already integrated with the State EVV Solution for reference. The Department will not certify any specific EVV vendor beyond operability and successful data transmission.

Are providers required to purchase an EVV system?
A. No. Colorado has implemented EVV through a hybrid approach. The Department implemented and maintains a State EVV Solution that providers may utilize at no cost. A provider may instead choose to implement and utilize the EVV system of their choice. A Provider Choice EVV System must meet the Cures Act requirements and successfully integrate with the State EVV Solution for data transfer. While providers may utilize the State EVV Solution free of charge, costs associated with purchasing and maintaining a Provider Choice System are the responsibility of the provider. There will be no fee to providers for connecting or transmitting data to the State EVV Solution.

Can an agency use its current Electronic Health Record (EHR) as an EVV solution?
A. If an agency chooses to use a Provider Choice System, the solution must meet Cures Act requirements and successfully integrate with the State EVV Solution for data transfer. It is possible that an existing EHR may meet these requirements. The Department recommends agencies contact their vendor for details and work with the Sandata support center to assure the EHR will interface correctly.

Sandata Support Center:
Phone: 844-289-4246
Email: coaltevv@sandata.com

Is there a list of approved Provider Choice systems?
A. A [current list](#) of the Provider Choice systems that have been interfaced with Sandata can be found on the EVV website. Utilizing a vendor from this list may reduce interface time. The Department does not endorse any specific vendor.

Is there a deadline for when a provider agency must choose between the State EVV Solution or a Provider Choice System?
A. The hybrid approach to EVV implementation permits flexibility when choosing which system to utilize. Providers may choose to utilize the State EVV Solution at any time. Since training and systems requirements for the State EVV Solution differ from that of Provider Choice Systems, the Department recommends that providers plan timelines accordingly to ensure a seamless transition. Provider agencies must comply with all Department timelines, regardless of implementation progress with Provider Choice interfacing. Provider Agencies may use the State EVV Solution until their interface is complete to remain in compliance.

What is the process to determine if our current EVV vendor is compatible with the Data Aggregator?
A. Please review two technical specification documents posted on our [EVV Provider Choice Systems Information](#) page with your EVV vendor:

- Requirement Specification for Receipt of Alternate Electronic Visit Verification Systems Data (alt EVV)
- Colorado HCPF Third Party EVV – Companion Guide to Third Party Alternate System Specifications

The provider agency and EVV vendor need to complete interface testing. The length of this process varies and may take two to six months depending on the provider choice system. Please refer to the [EVV Provider Choice Systems Information](#) page for further information.

How do Provider Choice EVV System users connect to the State Data Aggregator?
A. Providers should contact Sandata at 844-289-4246 or COAltEVV@sandata.com to begin the process of connecting to a Provider Choice System. Technical specifications for Provider Choice systems wishing to connect to the Data Aggregator can be found on the EVV website.

Provider Choice System users are also required to attend training prior to receiving log-in credentials to the Data Aggregator. A link to register for this training is available on the EVV website. Upon completing training and successful interface testing, Provider Choice Systems will be able to successfully connect to the Data Aggregator.

What happens if a Provider Choice system is unable to interface with the Data Aggregator?
A. Provider Choice Systems are required to meet Cures Act requirements and interface with the State EVV Solution through the Data Aggregator. If a Provider Choice System is unable to interface with the Data Aggregator, no EVV information will be transmitted to the Department. The Department's EVV vendor will work with providers on a case-by-case basis when a Provider Choice System is unable to interface with the Data Aggregator. In instances where interfaces are not possible, providers can choose to utilize the State EVV Solution or a different Provider Choice System.

CDASS EVV Compliance (Strike) Protocol

What is a strike?
A. A strike is received by an employer/AR when their monthly EVV match rate is 79% or lower and when received require the completion of various tasks that are outlined in the EVV CDASS Compliance Protocol found on the EVV Resources page.

What causes a strike?
A. Match rates are negatively impacted, and strikes may be produced by either no EVV records being documented or EVV records being incomplete. When there are no EVV records documented or EVV records are incomplete, they are not available to match to claims when they are submitted by FMS vendors.

How is compliance evaluated?
A. Compliance is evaluated based on dates of service for each month. For example, the Department will evaluate EVV compliance for dates of service between February 1st to February 28th. The Department will consider off-cycle billing to allow enough time for EVV records to be updated and claims to be submitted.

When is EVV due so that I won't be at risk of receiving a strike?
A. EVV records are tied to the attendant's timesheets and the shifts/time worked. Employers/ARs should make sure these records are accurate. If a record needs to be updated, please make sure to review and approve hours worked by the payroll due date for your FMS vendor. This will ensure that EVV records are readily available to match when claims are submitted by the FMS vendor. By reviewing records for accuracy and approving hours in a timely manner, you are less likely to receive a strike. Review the EVV-CDASS Compliance Protocol Notification Schedule on the EVV Resources page.

How long do strikes last?
A. Strikes for each member are reset on an annual basis. To accommodate for timely filing, strikes will be reset each year on February 15th. This means that the last date an employer/AR could expect to receive a strike notification for the past year is the last week of January. Dates of service from January 1-31 will be evaluated to begin the new compliance evaluation period and strike notices will be sent out for the new period the last week of February.

How will we be notified if we got a strike?
A. Strike notifications will be emailed or mailed to employers/ARs. We recommend having an up-to-date email address on file with your FMS vendor to receive notifications as quickly as possible. Those who do not have email addresses will be sent notifications by mail, which may cause delays in notifications.

When will we be notified if we got a strike?
A. To accommodate for off-cycle billing, strikes will be sent out after the off-cycle payroll date for each FMS vendor. The Department will evaluate EVV compliance based on the dates of service for a given pay period. See the EVV CDASS Compliance Protocol Schedule on the EVV Resources page for additional information.

If I didn't receive a strike for a given month, will I be notified?
A. No, employers/ARs will only be sent notifications when they receive a strike and will not receive any type of notification if their EVV match rate is 80% or higher. If you have questions about your EVV compliance, you are welcome to contact the EVV Team by emailing evv@state.co.us.

Is there a limit to how many strikes can be received?
A. The accumulation of 5 strikes in a year will result in removal from the CDASS service delivery option for 365 days. Review the CDASS EVV Compliance Protocol on the EVV Resources page for additional details.

If I disagree with a strike, how do I appeal?
A. An employer/AR must notify the case manager they wish to appeal if they receive their fifth (5th) strike within ten (10) business days of receipt of the EVV strike notice. The case manager will coordinate with the Department regarding appeals.

If a system issue occurs that prevents employers/ARs from recording EVV, please report the issue by completing the Participant Directed Programs Unit Feedback Form and be able to verify through some form of documentation. Those who have limited access to the form may contact the Department's EVV Team by calling 720-273-6967. System issues that are reported, and can be verified, will not count towards or result in a strike.

I recently received a copy of the CDASS EVV Compliance Protocol, what do I do next?
A. The Department mailed CDASS Members a copy of the CDASS EVV Compliance Protocol. The CDASS Members or authorized representatives (AR) are not required to sign and return these recently received forms. They were sent for informational purposes only.

Help & Support

How do I learn more about the Federal EVV requirement?
A. Please visit the CMS Electronic Visit Verification website for further information.

What is the best way to receive technical support for the State EVV Solution?
A. The State EVV Solution vendor; Sandata, offers a call center for Colorado EVV users. If the technical support question goes to the Department or DXC call center, it will be referred to the Sandata call center for resolution.

Phone: 855-871-8780
Email: cocustomercare@sandata.com

The Sandata Help Desk isn't able to help with our problem. What can we do to get the support we need?
A. The State is very interested anytime the Help Desk is not able to assist you. Please forward information on the correspondence, including ticket numbers to EVV@state.co.us.

How was stakeholder feedback incorporated into the design of the State EVV Solution?

A. The Department incorporated stakeholder feedback throughout the design of State EVV Solution. Each subcommittee has developed a list of recommendations for the Department to consider for system design and policy decisions. For example, stakeholders asked that the Department not verify a service location against a member's home or other pre-determined location. The Department thoughtfully considered this recommendation and ultimately agreed that predetermined locations could create an undue burden on a member's ability to receive services in the community. This is just one of many examples of how stakeholder feedback has been incorporated into the design of the State EVV Solution.

Can I request an exception from EVV for an ADA accommodation?

A. The Department shall make reasonable modifications to policies, practices, and procedures to avoid discrimination on the basis of disability, unless a modification would fundamentally alter the nature of the program, service, or activity or a modification causes undue burden. To request a reasonable modification, please follow the process outlined at this link: **Americans with Disabilities Act**.

How can I learn more about EVV implementation in Colorado?

- Visit the Colorado EVV Website
- Attend an EVV Stakeholder Meeting
- Sign up for the EVV Newsletter
- Email us at EVV@state.co.us