

Alternate EVV Systems Crosswalk to AHCCCS EVV Policy

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References ¹
21st Century Cures Act Data Collection Requirements – For each visit			
Direct Care Worker (DCW)	The EVV system shall identify the individual providing the service during the visit.	The Direct Care Worker’s (DCW) identification information, including their full social security number and unique agency ID # (if assigned) should be provided for every visit. This is done by supplying the DCW’s ID values in the VISIT and VISIT CALL segments, as well as the complete set of required DCW info in the EMPLOYEE segment of the 3 rd Party EVV delivery payload.	Segment: Employee General (p. 22) <ul style="list-style-type: none"> • Elements 1 through 9 Segment: Visit General (p. 22) <ul style="list-style-type: none"> • Element 3 (EmployeeQualifier) • Element 4 (EmployeeIdentifier) Segment: Visit Call (p. 27) <ul style="list-style-type: none"> • Element 12 (Telephony PIN)
Provider Agency	The EVV system shall identify the rendering provider agency that employs or contracts with the DCW providing the service.	The agency’s identification is defined for this EVV program via the state-issued Medicaid ID value. This should be the six-digit Medicaid ID issued by the state, and used by the Case Managers / Health Plans when they issue authorizations for service.	Segment: Provider Identification (p. 18) <ul style="list-style-type: none"> • Element 1 (ProviderQualifier) • Element 2 (ProviderID) <i>Please note that this ID is also included in the Message Acknowledgement and Record Response Payloads during web-service deliveries (p. 16, 17)</i>
Member	The EVV system shall identify the individual receiving the service during the visit.	The information regarding the individual receiving service during a visit is one of the most crucial data sets delivered as part of the Alternate EVV Vendor interface. The individual’s state supplied Medicaid ID, along with any agency-specific identifiers sent in the CLIENT GENERAL segment is to ensure a proper linkage between the visit data supplied, and the state’s broader data	Segment: Client General (p. 19) Elements 1 through 12 Segment: Client Address (p. 20) <ul style="list-style-type: none"> • Elements 1 through 10 Segment: Client Phone (p. 21) <ul style="list-style-type: none"> • Elements 1 and 2 Segment: Visit General (p. 22)

¹ Page numbers updated throughout document to reflect Addendum_AZ_altEVV 1.8

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		<p>systems.</p> <p>The individual’s core demographic information is provided in the CLIENT GENERAL segment, and is used to ensure that the records being delivered can be validated.</p> <p>Supplemental address and phone number information is supplied as part of the delivery of the CLIENT ADDRESS and CLIENT PHONE segments, in order to assist in specifying the location where visits may occur.</p>	<ul style="list-style-type: none"> ● Element 6 (ClientIDQualifier) ● Element 7 (ClientID) ● Element 8 (ClientOtherID) <p>Segment: Visit Call (p. 26)</p> <ul style="list-style-type: none"> ● Element 7 (ClientIdentifierOnCall)
Date	The EVV system shall record the date of the visit.	<p>Each EVV visit delivered via the Alternate EVV vendor interface must record the dates when the visit began, and when it ended. These values are stored in the VISIT CALL segment.</p> <p>For the Arizona EVV program, scheduling of visits is required, so the intended / scheduled visit dates are also captured in the VISIT GENERAL segment.</p> <p>The Alternate EVV Vendor interface captures the date for both the start and the end of the visit, to account for situations where the visit occurs over midnight, across two calendar days.</p> <p>The interface also captures adjustments to these dates via the VISIT GENERAL segment.</p>	<p>Actual Visit Start and End Dates: Segment: Visit Call (p. 26)</p> <ul style="list-style-type: none"> ● Element 2 (CallDateTime) ● Element 3 (CallAssignment) <p>Scheduled Visit Start and End Dates: Segment: Visit General (p. 23)</p> <ul style="list-style-type: none"> ● Element 18 (ScheduledStartTime) ● Element 19 (ScheduledEndTime) <p>Adjustments to Start and End Dates: Segment: Visit General (p. 24, 25)</p> <ul style="list-style-type: none"> ● Element 22 (AdjInDateTime) ● Element 23 (AdjOutDateTime)
Start and End time	The EVV system shall independently verify the start and end of the visit.	The Arizona EVV program requires that the times that a visit begins and ends are both	Actual Visit Start and End Times: Segment: Visit Call (p. 26)

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	<p>Examples of independent verification could be a device that generates a time/date stamp code or an electronic time tracking mechanism that will capture start and end times.</p>	<p>captured via an independent data capture system. The Alternate EVV Vendor interface captures these specific times in the same segments and data elements where the dates of the visits are captured. (i.e. the VISIT CALL segment for the actual visit times, and the VISIT GENERAL segment for scheduled times and adjustments).</p>	<ul style="list-style-type: none"> ● Element 2 (CallDateTime) ● Element 3 (CallAssignment) <p>Scheduled Visit Start and End Times: Segment: Visit General (p. 23)</p> <ul style="list-style-type: none"> ● Element 18 (ScheduledStartTime) ● Element 19 (ScheduledEndTime) <p>Adjustments to Start and End Times: Segment: Visit General (p. 24, 25)</p> <ul style="list-style-type: none"> ● Element 22 (AdjInDateTime) ● Element 23 (AdjOutDateTime)
<p>Location</p>	<p>The EVV system shall record the location of the visit. Each visit verification modality must incorporate a method for verifying the location of the visit whether the service delivery is in the member's home or in the community. The EVV System shall not limit a member's access to the community including routine locations for service delivery (i.e. place of employment) or occasional locations for service delivery (i.e. visit to a family member's home, grocery store, etc.). Furthermore, the EVV System shall accommodate services beginning and ending in different locations. If GPS is used to verify location of the</p>	<p>The location where a visit takes place is a required data element for the Arizona EVV program. As EVV systems can vary in how they independently capture the details of visits that occur in the home or community, the Alternate EVV Vendor Interface accommodates multiple ways of defining the location of a visit.</p> <p>These data elements are captured within the VISIT CALL segment, where a location must be specified for both the start of the visit as well as the end of a visit, to account for situations where the visit occurs across multiple locations.</p> <p>Please note that the Arizona EVV does not track the movements of DCWs or individuals</p>	<p>For general location definition: Segment: Visit Call (p.27)</p> <ul style="list-style-type: none"> ● Element 11 (Location) <p>For visits using GPS coordinates to capture location: Segment: Visit Call (p. 27)</p> <ul style="list-style-type: none"> ● Element 9 (CallLatitude) ● Element 10 (CallLongitude)

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	<p>service delivery, GPS location detection must be limited to identifying the location of the Direct Care Worker and the member at the point in time the DCW signs in and out of the system. GPS tracking must be disabled.</p>	<p>receiving care during the visits, the system only requires the location to be specified at the start and end of the service.</p> <p>For EVV systems that utilize global positioning satellite systems (GPS) to capture visit coordinates, the interface can capture that information as well in the VISIT CALL segment.</p>	
<p>Service provided during the visit</p>	<p>A full description of the Provider Types, Services and Places of Service Codes subject to EVV are provided on the AHCCCS website (www.azahcccs.gov/EVV).</p>	<p>Each EVV visit must have a single service associated with it. A Service is defined as a HCPCS code plus up to four modifiers. If multiple services are being provided to an individual, each service must have its own visit and visit data associated with it. This information is gathered in the VISIT GENERAL segment.</p> <p>The service performed during a visit and sent via the Alternate EVV Vendor interface must be one that is included in the Arizona EVV program. The list of valid service identification codes is included in the APPENDIX 2.</p>	<p>Segment: Visit General (p. 23)</p> <ul style="list-style-type: none"> ● Element 12 (ProcedureCode) ● Element 13 (Modifier 1) ● Element 14 (Modifier 2) ● Element 15 (Modifier 3) ● Element 16 (Modifier 4) <p>Valid Service Listing: Appendix 2 (p. 29-39)</p>
<p>Data Collection Modalities</p>			
<p>Visit verification modalities</p>	<p>At least two different types of visit verification modalities must be available to accommodate member preferences and service delivery areas with limited, intermittent or no landline, cell, or internet service.</p>	<p>The Alternate EVV Vendor interface captures the type of EVV capture system used in the VISIT CALL segment.</p> <p>The interface supports “mixed” visits- where the capture methods may change between the start of the visit and the end of the visit.</p>	<p>Segment: Visit Call (p. 26)</p> <ul style="list-style-type: none"> ● Element 5 (CallType)

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	<p>It is allowable for provider agencies to allow DCWs to utilize personal devices such as a smartphone. If the provider agency elects this option, the agency is responsible to have a back-up plan for EVV if the device becomes inoperable.</p>		
<p>Paper Timesheets – Allowable Uses</p>	<p>The use of paper timesheets is allowable when limited to the following circumstances:</p> <ol style="list-style-type: none"> 1. Individuals for whom both the DCW and the member live in geographic areas with limited, intermittent or no landline, cell, and internet service. 2. Individuals for whom the use of electronic devices would cause adverse physical or behavioral health side effects/symptoms 3. Individuals electing not to use other visit verification modalities on the basis of moral or religious grounds 4. Individuals with a live-in DCW or DCW accessible on-site 24 hours and for whom the use of other visit verification modalities 	<p>The Sandata Alternate EVV Vendor Interface specification will capture these visits once they have been entered into the ALT EVV system, and then delivered via the interface. This data is captured in the same structures as all other EVV data, with a specific CALL TYPE value of “Other” or “Manual” in the VISIT CALL segment.</p> <p>Manual call type should be utilized if a timesheet is manually entered into the system.</p>	<p>Segment: Visit Call (p. 26)</p> <ul style="list-style-type: none"> ● Element 5 (CallType) <ul style="list-style-type: none"> ○ Value = “Other” ○ Value = “Manual”

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	<p>would be burdensome</p> <p>The member/designee and provider agency are required to sign a standardized AHCCCS attestation statement to document the allowance for the use of paper timesheets.</p>		
<p>Paper Timesheets – Required Data Elements</p>	<p>At a minimum, the following data elements are required on the paper timesheet and must be recorded in the EVV system within 7 days from the date of service.</p> <ol style="list-style-type: none"> 1. Member Medicaid ID 2. Member Last Name 3. Member First Name 4. Provider Agency Name 5. Provider Registration Number 6. DCW Last Name 7. DCW First Name 8. System Generated DCW ID <p>For each service performed:</p> <ol style="list-style-type: none"> 9. Date of Service* 10. Scheduled Start Time 11. Scheduled End Time 12. Actual Start Time* 13. Actual End Time* 	<p>These EVV data elements should be delivered in the Alternate EVV Vendor interface data sets in the same segments and data elements as electronically captured visit data.</p> <p>Each paper timesheet-based data point required by Arizona for the EVV program corresponds to an existing data point in the Alternate EVV interface specification with the exception of the actual signature of the Member/Designee. **.***</p>	

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	<p>14. Tasks performed 15. Member/Designee Signature and Date of Signature** 16. DCW Signature and Date of Signature**</p> <p>*The actual date, start and end time of the service provision must be independently verified through the EVV system. **The signature does not have to be recorded in the EVV System, but provider agencies must have the original, wet copy of the signature on file. AHCCCS will develop a standard paper timesheet that all providers must use which will include all of the required data elements noted above.</p>		
Access to Care Planning and Documentation			
Late or Missed Visits	<p>The EVV system must have capability to monitor and provide information to the provider agency when visits are late or missed when a visit verification modality is utilized that captures visit information in real-time. A visit is considered “late” if a DCW has not signed in within 60 minutes of the scheduled start time.</p>	<p>As the Arizona EVV program requires all EVV visits to be scheduled beforehand, the Alternate EVV Vendor interface can capture both the scheduled start and end times for the visit, as well as the actual times the visit occurred. These are captured in the VISIT GENERAL and VISIT CALL segments, respectively.</p> <p>The state’s EVV Aggregator is configured to check each Alternate EVV Vendor visit as it arrives to assess whether it is considered “late”.</p>	<p>Actual Visit Start and End Times: Segment: Visit Call (p. 26)</p> <ul style="list-style-type: none"> ● Element 2 (CallDateTime) ● Element 3 (CallAssignment) <p>Scheduled Visit Start and End Times: Segment: Visit General (p. 23)</p> <ul style="list-style-type: none"> ● Element 18 (ScheduledStartTime) ● Element 19 (ScheduledEndTime) <p>Adjustments to Start and End Times: Segment: Visit General (p. 24, 25)</p>

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		<p>Any “late” visits will trigger the “18 – Late In-Call” exception, which will require a Reason Code and Resolution Code be supplied to account for the late visit’s occurrence. This information is captured in the VISIT CHANGE segment.</p>	<ul style="list-style-type: none"> ● Element 22 (AdjInDateTime) ● Element 23 (AdjOutDateTime) <p>Exception Information: Segment: Visit Exception (p. 27)</p> <ul style="list-style-type: none"> ● Element 1 (ExceptionID) <p>Reason & Resolution Codes for Resolving Exceptions: Segment: Visit Change (p. 28)</p> <ul style="list-style-type: none"> ● Element 5 (ReasonCode) ● Element 7 (ResolutionCode) <p>List of Valid Exceptions / Codes: Appendix 4: Exceptions (p. 40) Appendix 3: Reason Codes (p. 39) Appendix 6: Resolution Codes (p. 43)</p>
<p>Contingency Plan - Process</p>	<p>Provider agencies shall use the standardized AHCCCS Contingency/Back-Up Plan form to plan for instances when scheduled visits are missed or late and discuss the member’s preference on what to do should a visit be late or missed. Provider agencies must attest in the EVV system that the Contingency Plan is reviewed with the member at least every 90 days and that documentation is on file. The preferences shall be noted for each</p>	<p>Adherence to a member’s contingency plan is recorded in the EVV system as the Resolution Code for when a visit is missed or late.</p> <p>The missed or late visit will trigger an exception within the State’s EVV Aggregator, and the provider will then need to resolve that exception and provide Reason and Resolution code values to account for why the late/missed visit occurred, and how for the service need was accommodated and rescheduled. The rescheduled visit should conform to the member’s Contingency Plan</p>	<p>Exception Information: Segment: Visit Exception (p. 27)</p> <ul style="list-style-type: none"> ● Element 1 (ExceptionID) <p>Reason & Resolution Codes for Resolving Exceptions: Segment: Visit Change (p. 28)</p> <ul style="list-style-type: none"> ● Element 5 (ReasonCode) ● Element 7 (ResolutionCode) <p>List of Valid Exceptions / Codes: Appendix 4: Exceptions (p. 40) Appendix 3: Reason Codes (p. 39)</p>

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	<p>service the agency is providing. It is allowable for members to choose different preference options based upon the service. The Contingency Plan must be reviewed every 90 days. Provider agencies must answer the phone 24/7 or return a phone call within 15 minutes for members who are reporting a missed or late visit. In the event a visit is late or missed; the provider agency is required to follow up with the member to discuss what action needs to or can be taken to meet the service need. It is allowable for the member to elect a different action than what was originally documented on the Contingency Plan.</p>	<p>for that service.</p>	<p>Appendix 6: Resolution Codes (p. 43)</p>
<p>Contingency Plan - Member Preference</p>	<p>The EVV System must record the member preferences for each service should the visit be late or missed. The standard list of available options include the service:</p> <ol style="list-style-type: none"> 1. Must be rescheduled within 2 hours of originally scheduled start time 2. Must be rescheduled within 24 hours of originally scheduled start time 	<p>Adherence to a member’s contingency plan is recorded in the EVV system as the Resolution Code for when a visit is missed or late. A member’s preferred Contingency Plan is defined within the Alternate EVV Vendor specification.</p> <p>The specific options defined for the EVV Resolution Codes align to the member preference options defined in their Contingency Planning for each service they receive.</p>	<p>Resolution Codes for Capturing Reschedule Timing: Segment: Visit Change (p. 28)</p> <ul style="list-style-type: none"> ● Element 7 (ResolutionCode) <p>List of Valid Resolution Code Options: Appendix 6: Resolution Codes (p. 43)</p> <ul style="list-style-type: none"> ● Code 2: Reschedule within 2 Hours ● Code 3: Reschedule within 24 Hours ● Code 4: Reschedule within 48 Hours

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	<ol style="list-style-type: none"> 3. Must be rescheduled within 48 hours of originally scheduled start time 4. Will be performed at the next scheduled visit 5. Will be performed by a non-paid caregiver 	<p>Any time a visit is late or missed, the provider should specify the reschedule timing for the follow-up visit, and ensure that this aligns to the member's preference for this service.</p>	<ul style="list-style-type: none"> ● Code 5: Next Scheduled Visit ● Code 6: Non-Paid Caregiver
Contingency Plan – Default Preferences	<p>The EVV System must record the following default member preferences for each service should the member choose not to identify a preference.</p>	<p>The capture and definition of each member's Contingency Plan is required as part of participation in the Arizona EVV program.</p>	<p>Segment: Visit Information General (p. 24) Element 20 (ContingencyPlan) Appendix 2: Services & Modifiers (p. 29-39)</p>
Contingency Plan - Attestation	<p>The EVV System must record, for each member, the following attestation.</p> <p><i>I attest the contingency plan has been reviewed within the past 90 days and a copy is on file.</i></p>	<p>Each provider in the Arizona Medicaid program must use the standardized AHCCCS Contingency Plan form to plan for instances when scheduled visits are missed or late and discuss the member's preference on what to do should a visit be late or missed. Providers will need to capture this attestation from each member, and retain the record of the Contingency Plan review / revision each time.</p> <p>This attestation is provided in the Alternate EVV interface in the Client General segment.</p> <p>While the provider must indicate that they have captured this information in the Client General segment of the Alternate EVV Vendor interface, the actual member attestation is</p>	<p>Segment: Client General (p. 19) Element 14 (ProvderAssentContPlan)</p>

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		<p>not stored in the state’s EVV Aggregator system.</p> <p>However, this information may be requested at any time by state auditors or EVV program administrators.</p>	
<p>Documentation – Visit Late or Missed</p>	<p>The EVV System must record the reasons why the visit did not occur as scheduled. The standard list of available options include:</p> <ol style="list-style-type: none"> 1. Caregiver Error 2. Member/Designee Unable to Verify* 3. Mobile Device Issue 4. Telephone Issue 5. Member/Designee Refused Verification* 6. Unsafe Environment 7. Member Refused Service 8. Member No Show 9. Other 10. Caregiver No Show <p>*These reason codes are not specific to reasons why a visit would be missed or late, but nevertheless part of the standard documentation for incomplete visit information.</p>	<p>For any visit that starts later than the acceptable window (more than 60 minutes) between the scheduled start time and the actual start time, or for visits that do not occur at all, the Alternate EVV Vendor interface will capture the exception for that particular scenario.</p> <p>The provider will need to supply a reason code to account for this exception in order to resolve it. This data is captured in the VISIT CHANGE segment.</p>	<p>Reason Codes Late / Missed Visits: Segment: Visit Change (p. 28)</p> <ul style="list-style-type: none"> ● Element 5 (ReasonCode) <p>List of Valid Exceptions / Codes: Appendix 3: Reason Codes (p. 39)</p>
<p>Documentation – Member</p>	<p>The EVV System must record how the member was accommodated</p>	<p>The capture of how a member was accommodated for a late or missed visit is</p>	<p>Resolution Codes for Capturing Reschedule Timing:</p>

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<p>Accommodation</p>	<p>when the visit did not happen as scheduled.</p> <p>The standard list of available options include the service:</p> <ol style="list-style-type: none"> 1. Rescheduled within 2 hours 2. Rescheduled within 24 hours 3. Rescheduled within 48 hours 4. Service will be performed at the next scheduled visit 5. Service will be performed by a non-paid caregiver 	<p>handled through the selection of an appropriate RESOLUTION CODE to resolve exceptions for late or missed visits.</p> <p>The specific options defined for the EVV Resolution Codes align to the member preference options defined in their Contingency Planning for each service they receive.</p> <p>Any time a visit is late or missed, the provider should specify the reschedule timing for the follow-up visit, and ensure that this aligns to the member’s preference for this service.</p>	<p>Segment: Visit Change (p. 28)</p> <ul style="list-style-type: none"> ● Element 7 (ResolutionCode) <p>List of Valid Resolution Code Options: Appendix 6: Resolution Codes (p. 43)</p> <ul style="list-style-type: none"> ● Code 2: Reschedule within 2 Hours ● Code 3: Reschedule within 24 Hours ● Code 4: Reschedule within 48 Hours ● Code 5: Next Scheduled Visit ● Code 6: Non-Paid Caregiver
Plan of Care			
<p>Tasks</p>	<p>The EVV System must record the tasks performed for each service. The standard list of tasks include:</p> <ol style="list-style-type: none"> 1. Shopping 2. Meal/Snack Preparation and Clean up 3. Errand 4. Medical Appointment 5. Self-Administration of Medication 6. Bathing 7. Eating 8. Assisting with Mail 9. Dressing and Grooming 10. Housekeeping – Bedroom 	<p>Tasks for EVV visits provided via the Alternate EVV Vendor interface are captured in THE VISIT TASKS segment.</p> <p>This segment will collect all valid tasks associated with the visit, along with whether or not the member refused each task.</p>	<p>Segment: Visit Tasks (p. 28)</p> <ul style="list-style-type: none"> ● Element 1 (TaskID) ● Element 2 (TaskRefused) <p>Appendix 7: Task Listing (p. 43-44)</p>

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	<ol style="list-style-type: none"> 11. Housekeeping – Bathroom 12. Housekeeping – Kitchen 13. Housekeeping – Common Living Areas 14. Laundry 15. General Supervision 16. Turning, positioning or Transferring 17. Toileting 18. Mobility 19. Health/Medical* 20. Personal Health Care* 21. Emergency and Safety Skills* 22. Independent Living Skills* 23. Socialization* 24. Communication* 25. Leisure Time Recreation Skills* 26. Cognitive/Academic* 27. Sensorimotor* 28. Vital Signs 29. Continance Support and Hygiene (bowel, bladder, catheter) 30. Medication Administration 31. Dressing and Grooming 32. Range of Motion/Exercise <p>*These tasks are intended to be used to identify categories for goals members are working on with the</p>		

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	support of skill building services (i.e. habilitation or skills training and development).		
Schedule			
Schedule is required for each service	The provider agency must develop a general weekly schedule for each service in consultation with the member. The EVV System must record the schedule for each service. The system is prohibited from canceling a scheduled visit; however, visits may be rescheduled. The EVV System must denote what scheduled visits are rescheduled visits.	Schedules are required for every visit within the Arizona EVV program. Schedule information is contained in THE VISIT GENERAL segment. Visits should be delivered to the state’s EVV Aggregator once they have been initially scheduled in the provider’s systems. Visits with recurring schedules are considered multiple, individual visits, and should also be delivered once the visits have been scheduled.	Scheduled Visit Start and End Times: Segment: Visit General (p. 23) <ul style="list-style-type: none"> ● Element 18 (ScheduledStartTime) ● Element 19 (ScheduledEndTime) Segment: Visit General (p. 24) <ul style="list-style-type: none"> ● Element 21 (Reschedule)
Member Service Verification			
Member Verification	The EVV System must record the member/Health Care Decision Maker or designee verification at the point of care or within 7 days of the rendered service.	Verification of visit service and visit duration by the member is required by Arizona for the EVV program. This data is captured in the VISIT GENERAL segment, as three related data points- one captures whether the member verified the visit duration / times, one captures whether the member verified the visit service recorded was accurate, and the third verifies the tasks were captured.	Segment: Visit General (p. 25-26) <ul style="list-style-type: none"> ● Element 28 (ClientVerifiedTimes) ● Element 29 (ClientVerifiedTasks) ● Element 30 (ClientVerifiedService)
Designee Verification	Provider agencies must use the standardized AHCCCS form to discuss with the member or Health	If a member has a Designee to verify service delivery on their behalf, that data can be captured in the Alternate EVV Vendor	Segment: Client Designee (p. 21) <ul style="list-style-type: none"> ● Elements 1 through 7_ <u>Tracking the date/time of the</u>

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	<p>Care Decision Maker to appoint an individual (designee) to verify service delivery on behalf of the member. This is only required if the member does not want to or is unable to verify service delivery. The Designee must be of a suitable age, to have the verification responsibility. The member or Health Care Decision Maker must use the standardized AHCCCS attestation form to stipulate that they have communicated the requirements of the verification responsibility to the person(s) to whom they delegating the verification responsibility. At a minimum, the form must be reviewed by the provider agency with the member/Health Care Decision Maker and signed on an annual basis. The EVV System must record the “Designees” and only allow those individuals to verify service delivery on behalf of the member. The Designee is prohibited from also serving as the paid DCW.</p>	<p>interface under the CLIENT DESIGNEE segment.</p> <p>This segment captures the relationship between the member and the designee, as well as basic demographic and contact information for the designee. If the relationship between a member and a designee is terminated, this segment supports the capture of an end date to denote that the designee is no longer associated with the member.</p>	<p><u>member/designee verification if the verification does not occur at the point of care.</u></p> <p><i>Note: Sandata will be making minor additions to the Alternate EVV Vendor specification. These enhancements will be additions to the current specification, and will include the ability to capture the date and time that a member/designee verified a visit, for situations where that verification is done after the visit has occurred.</i></p> <p><i>This enhancement will add a few additional data elements to be supplied within the 'Visit General' segment. There are no modifications to other segments or data elements within the specification. These modifications will be published in August 2020, and will be available for Alternate EVV testing in September of 2020.</i></p>
<p>Digital/Electronic Signatures</p>	<p>The EVV System shall offer a variety of methods by which the DCW, member and/or Designee may</p>	<p>The Alternate EVV Vendor interface supports the attestation by the provider that an electronic signature was captured for each</p>	<p>Segment: Visit General (p. 26)</p> <ul style="list-style-type: none"> ● Element 31 (ClientSignatureAvailable)

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<p><i>Note: These are preliminary requirements and may be updated with forthcoming guidance.</i></p>	<p>validate visits including but not limited to electronic signature, voice recognition or other biometrics. All use of electronic signatures shall meet the requirements set forth in state rules and guidance by the Arizona Department of Administration and State Statute (ARS 18-106). The electronic and digital signature policy can be found at https://aset.az.gov/electronic-and-digital-signature-policy. The EVV System shall, also, include protections against the modification of electronic signatures.</p> <p>Voice and/or digital signatures must be provided upon request to AHCCCS or MCOs in a timeframe specified by the requesting entity.</p> <p>Alternate EVV systems will send an indicator to Sandata’s Aggregator indicating the voice and/or digital signature has been obtained.</p> <p>GPS coordinates are not an acceptable substitute for the voice and/or digital signatures required</p>	<p>visit. This is captured in the VISIT GENERAL segment.</p> <p>Please note that this interface does not capture or retain the actual electronic signature that is expected to be stored by the provider on their source system.</p>	<ul style="list-style-type: none"> Element 32 (ClientVoiceRecording)

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	to be collected from individuals as verification of service and time of visit.		
Audit Documentation			
Exceptions	The documentation of exceptions should be consistent with CMS’s Medicare signature and documentation requirements for addendums to records. Changes as a result of the exceptions process are considered an addendum to the record, and do not change the original records.	<p>The Alternate EVV Vendor Interface specification contains the listing of active exceptions to be evaluated for every visit delivered to the Arizona EVV program.</p> <p>These exceptions are captured in the VISIT EXCEPTION segment, while the complete list of exceptions is available in Appendix 4.</p>	<p>Segment: Visit Exception (pg. 27)</p> <ul style="list-style-type: none"> ● Element 1 (ExceptionID) ● Element 2 (ExceptionAcknowledged) <p>Listing of Program Exceptions: Appendix 4: Exceptions (p. 40-41)</p>
Manual Edits of Visit Data	<p>The EVV System shall maintain an appropriate audit trail of all visit transactions including:</p> <ol style="list-style-type: none"> 1. The person entering the information 2. The names and AHCCCS Provider IDs of both the rendering service provider agency and group biller (if applicable) 3. The AHCCCS ID number of the member receiving services 4. The date and time of the visit, 5. The reason for the manual 	<p>The Alternate EVV Vendor interface captures whether a visit is edited or modified after its creation via the VISIT CHANGE segment. When a visit is updated in the provider’s source system, a revised VISIT GENERAL record should be produced reflecting the new / current information about the visit. The VISIT CHANGE segment is also produced, to capture the metadata details about the change, including appropriate reason and resolution codes.</p>	<p>Segment: Visit Change (p. 27-28)</p> <ul style="list-style-type: none"> ● Elements 1 – 7 <p>List of Change Reason/Resolution Codes: Appendix 3: Reason Codes (p. 39) Appendix 6: Resolution Codes (p. 43-44)</p>

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	<p>verification</p> <ol style="list-style-type: none"> 6. The date and time of the manual verification and 7. The names of the member/designee and the name and system generate ID of the DCW who validated the visit. 		
Attestation	<p>The EVV System shall record an attestation to the presence of hard copy documentation for any manual edits of visit data.</p>	<p>Attestation that hard copy documentation for any manual edits to EVV visits is a requirement of both the state of Arizona’s EVV program as well as guidance from CMS.</p> <p>The Alternate EVV Vendor Interface supports this via the use of a specific Resolution Code which is captured as part of the VISIT CHANGE segment.</p>	<p>Segment: Visit Change (p. 28)</p> <ul style="list-style-type: none"> ● Elements 7 (Resolution Code) <ul style="list-style-type: none"> ○ Value: “Written Documentation Maintained” <p>List of Resolution Codes: Appendix 6: Resolution Codes (p. 43)</p>
Security			
	<p>Providers using an Alternate EVV Vendor are required to submit data to AHCCCS as a condition of reimbursement. AHCCCS has contracted with Sandata to collect and aggregate data on AHCCCS’ behalf and, as such, AHCCCS is requesting that the Alternate EVV Vendor send the data to Sandata directly.</p> <p>As the ALT EVV System vendor will only be sharing data one-way with Sandata, the security requirements outlined below do not have to be met by ALT EVV System vendors at this time. AHCCCS reserves the right</p>		

	<p>to update security requirements at any time.</p> <p>The ALT EVV Vendor shall sign a Business Associate Agreement with AHCCCS.</p> <p>The ALT EVV System shall meet all of the following requirements at the standards that are current for each requirement as of the date that the service or product is delivered to AHCCCS/Med-Quest. In the event of conflicting requirements or standards, the more stringent shall apply.</p>		
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Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	<ul style="list-style-type: none"> ● HIPAA Privacy and Security ● NIST 800-53 ● State of AZ Policies (Arizona NIST Baseline Security Controls) ● CMS Seven Standards and Conditions ● ACA MARS-E Requirements ● FedRAMP <p>Alternate EVV System vendors must have the following in place before go-live:</p> <ul style="list-style-type: none"> ● FedRAMP certification (Only applies if the vendor is using a cloud provider) ● Agreement to follow and stay current on listed policies <ul style="list-style-type: none"> ○ MARS-E, NIST 800-53, State of AZ, etc ● Penetration test against NIST 800-53 <ul style="list-style-type: none"> ○ Associated POAM (plan of action memorandum) for 		

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	deficiencies ²		

² Previous security requirements removed 6/16/2020