

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
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.	<p>The Direct Care Worker’s (DCW) identification information, including their <u>correct</u>¹ and full social security number and unique agency ID # (if assigned) <u>must</u> 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 3rd Party EVV delivery payload. It is important to note the DCW SSN is secured in the following manner.</p> <ul style="list-style-type: none"> • All data transmitted from Alternate EVV Vendors is encrypted in transit and at rest. • Access to the agency’s data in the Aggregator is limited to only authorized users with valid Aggregator credentials • In the agency’s read-only Aggregator, viewing the full SSN is restricted • The reports that the provider agency can run in the Aggregator do not show the caregiver SSN. • <i>The SSN will not be required to be used by the DCW to access a device to record their time. Providers are required to use a secondary identifier (i.e. unique agency ID) for DCWs to use when logging into a device.</i>² 	<p>Segment: Employee General</p> <ul style="list-style-type: none"> • Elements 1 through 9 <p>Segment: Visit General</p> <ul style="list-style-type: none"> • Element 3 (EmployeeQualifier) • Element 4 (EmployeeIdentifier) <p>Segment: Calls</p> <ul style="list-style-type: none"> • Element 12 (Telephony PIN) <p><i>NOTE: The DCW email element has been updated from “yes” or required to “optional.”</i></p> <p>Segment: Employee General</p> <ul style="list-style-type: none"> • Element 7

¹ May 2025 – Emphasized that the correct SSN must be provided for every visit to ensure accurate reporting for monitoring purposes.

² October 2022 – provided detail on the security of the DCW SSN.

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<u>Live In Caregiver Identification</u>	<u>The EVV system shall identify if a live in caregiver relationship exists between the member and the DCW and the nature of the relationship. This information shall be updated in the EVV by the provider agency within 30 days of hire.</u>	<p><u>If a client and employee live-in relationship exists, then the Cross Reference (XRef) segment is required.</u></p> <p><u>When a relationship exists, the XRef must be sent through its own endpoint AFTER the associated Client and Employee endpoints have been received.</u></p> <p><u>This segment must be updated anytime there is a change in the Client and Employee live-In relationship.</u></p>	<p><u>Segment: Employee General</u></p> <p><u>Segment: XRef</u></p> <ul style="list-style-type: none"> • <u>Elements 1 through 15</u>
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.	<p>Segment: Provider Identification</p> <ul style="list-style-type: none"> • Element 1 (ProviderQualifier) • Element 2 (ProviderID) <p><i>Please note that this ID is also included in the Message Acknowledgement and Record Response Payloads during web-service deliveries (Appendix 6)</i></p>
Member	The EVV system shall identify the individual receiving the service during the visit.	<p>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.</p> <p>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 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>	<p>Segment: Client General</p> <ul style="list-style-type: none"> • Elements 1 through 12 <p>Segment: Client Address</p> <ul style="list-style-type: none"> • Elements 1 through 10 <p>Segment: Client Phone</p> <ul style="list-style-type: none"> • Elements 1 and 2 <p>Segment: Visit General</p> <ul style="list-style-type: none"> • Element 6 (ClientIDQualifier) • Element 7 (ClientID) • Element 8 (ClientOtherID) <p>Segment: Calls</p> <ul style="list-style-type: none"> • Element 7 (ClientIdentifierOnCall)

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			<p><i>NOTE: AHCCCS will not require the ClientID data element. The data element has been updated to “DO NOT PROVIDE.”</i></p> <p><i>Segment: Visit General</i></p> <ul style="list-style-type: none"> • <i>Element 7 (ClientID)</i>
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: Calls</p> <ul style="list-style-type: none"> • Element 2 (CallDateTime) • Element 3 (CallAssignment) <p>Scheduled Visit Start and End Dates: Segment: Visit General</p> <ul style="list-style-type: none"> • Element 18 (ScheduledStartTime) • Element 19 (ScheduledEndTime) <p>Adjustments to Start and End Dates: Segment: Visit General</p> <ul style="list-style-type: none"> • Element 22 (AdjInDateTime) • Element 23 (AdjOutDateTime)
Start and End time	<p>The EVV system shall independently verify the start and end of the visit.</p> <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>The Arizona EVV program requires that the times that a visit begins and ends are both 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>	<p>Actual Visit Start and End Times: Segment: Calls</p> <ul style="list-style-type: none"> • Element 2 (CallDateTime) • Element 3 (CallAssignment) <p>Scheduled Visit Start and End Times: Segment: Visit General</p> <ul style="list-style-type: none"> • Element 18 (ScheduledStartTime) • Element 19 (ScheduledEndTime) <p>Adjustments to Start and End Times: Segment: Visit General</p> <ul style="list-style-type: none"> • Element 22 (AdjInDateTime) • Element 23 (AdjOutDateTime)

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Location	<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 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. If the provider agency chooses to allow for GPS tracking while the DCW is on the clock, the provider agency shall disclose to members how and why the DCW is being tracked. The disclosure should be documented and on file and signed by the Member. Upon disclosure, members should be afforded the opportunity to change their preference for the visit verification device modality the DCW will use.³</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 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>For general location definition: Segment: Calls</p> <ul style="list-style-type: none"> ● Element 11 (Location) <p>For visits using GPS coordinates to capture location: Segment: Calls</p> <ul style="list-style-type: none"> ● Element 9 (CallLatitude) ● Element 10 (CallLongitude)
Service provided during the visit	<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>The services provided must align with the source authorization, if prior authorization is required by the health plan.⁴</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> <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>Appendix 9.1.1 HCPCS Procedure Codes</p> <p><i>NOTE: The following updates have been made to the service listing.</i></p>

³ October 2022 - Added flexibility for provider agencies to utilize GPS tracking when disclosed to members.

⁴ October 2022 – Noted the requirement to align the services provided with the source authorization.

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			<ul style="list-style-type: none"> • Removal of H2104 • Addition of modifier combinations for S5125, S9123 and T1021 • Addition of service code S5136
Data Collection Modalities			
Visit verification modalities	<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. It is permissible for a smart phone device to operate both in a connected and disconnected mode and transmit data to the EVV system once connection can occur through cell or internet service.⁵</p> <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>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: Calls</p> <ul style="list-style-type: none"> • Element 5 (CallType)
Paper Timesheets – Allowable Uses	<p>The use of paper timesheets is allowable when limited to the following circumstances and when used in conjunction with a device that can independently verify the date/time of the service⁶:</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 	<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: Calls</p> <ul style="list-style-type: none"> • Element 5 (CallType) <ul style="list-style-type: none"> ○ Value = “Other” ○ Value = “Manual”

⁵ October 2022 - Clarified that it is permissible for a smart phone to operate in an offline or disconnected mode.

⁶ October 2022 - Provide clarification paper timesheets must be used in conjunction with a method that independently captures the date/time of the beginning and end of service delivery.

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	<p>3. Individuals electing not to use other visit verification modalities on the basis of moral or religious grounds.</p> <p>4. Individuals with a live-in DCW or DCW accessible on-site 24 hours and for whom the use of other visit verification modalities would be burdensome</p> <p>5. Individuals who need to have their address and location information protected for a documented safety concern (i.e. witness protection or domestic violence victim).⁷</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>		
Paper Timesheets – Required Data Elements	<p>At a minimum, the following data elements are required on the paper timesheet and must be recorded in the EVV system within 21⁸ days from the date of service if timeliness filing standards can still be met by the provider.</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>	

⁷ October 2022 – Included additional allowable circumstance for the use of paper timesheets to align with AHCCCS policy.

⁸ October 2022 - Extended deadline for the timesheet information to be entered into the EVV System from 7 to 21 days.

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	<p>14. Tasks performed</p> <p>15. Member/Designee Signature and Date of Signature**</p> <p>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. If a FOB or token device is utilized, the device must be “fixed” in the member’s home to satisfy the location requirements.⁹</p> <p>**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 for audit purposes. A faxed copy of the signature is permissible for billing purposes.¹⁰</p> <p>AHCCCS has provided in the 540 EVV policy a standard template paper timesheet (Attachment C) that includes all the required data elements noted above. It is permissible for provider agencies to utilize their own paper timesheet if the minimum data elements are captured.¹¹</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. For more specific information regarding scheduling requirements and flexibilities, please visit the Scheduling FAQ on the AHCCCS EVV webpage.¹²</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: Calls</p> <ul style="list-style-type: none"> ● Element 2 (CallDateTime) ● Element 3 (CallAssignment) <p>Scheduled Visit Start and End Times: Segment: Visit General</p> <ul style="list-style-type: none"> ● Element 18 (ScheduledStartTime) ● Element 19 (ScheduledEndTime)

⁹ October 2022 - Clarified the FOB or token devices must be “fixed” in the member’s home.

¹⁰ October 2022 - Clarified the requirements for “wet” signatures on paper timesheets.

¹¹ October 2022 - Clarified the allowable use of provider specific paper timesheets.

¹² October 2022 - Provided reference to scheduling policy guidance. The Scheduling FAQ is in process of being reviewed and updated.

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		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>Adjustments to Start and End Times: Segment: Visit General</p> <ul style="list-style-type: none"> • Element 22 (AdjInDateTime) • Element 23 (AdjOutDateTime) <p>Exception Information: Segment: Visit Exception Acknowledgement</p> <ul style="list-style-type: none"> • Element 1 (ExceptionID) <p>Reason & Resolution Codes for Resolving Exceptions: Segment: Visit Change</p> <ul style="list-style-type: none"> • Element 5 (ReasonCode)* • Element 7 (ResolutionCode)* <p>List of Valid Exceptions / Codes: Appendix 9.3 Exceptions Appendix 9.2 Reason Codes Appendix 9.2.1 Resolution Codes</p>
Contingency Plan - Process	<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.</p> <p>Another explanation for a missed visit might include an unsafe environment.¹³ Provider agencies must attest in the EVV system that the Contingency Plan is reviewed with the member at least every twelve months (annually)¹⁴ and that documentation is on file. The preferences shall be noted for each service the agency is providing. It is allowable for members to choose different preference options based upon</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 the service need was accommodated and rescheduled. The rescheduled visit should conform to the member’s Contingency Plan for that service.</p>	<p>Exception Information: Segment: Visit Exception Acknowledgement</p> <ul style="list-style-type: none"> • Element 1 (ExceptionID) <p>Reason & Resolution Codes for Resolving Exceptions: Segment: Visit Change</p> <ul style="list-style-type: none"> • Element 5 (ReasonCode) • Element 7 (ResolutionCode) <p>List of Valid Exceptions / Codes:</p>

¹³ October 2022 – Clarified that a reason for a missed visit exception could be because of an unsafe working environment

¹⁴ October 2022 - Updated review timeline from 90 days to an annual basis.

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	the service. 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.		Appendix 9.3 Exceptions Appendix 9.2 Reason Codes Appendix 9.2.1 Resolution Codes
Contingency Plan - Member Preference	<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 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>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>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>Resolution Codes for Capturing Reschedule Timing: Segment: Visit Change</p> <ul style="list-style-type: none"> • Element 7 (ResolutionCode) <p>List of Valid Resolution Code Options: Appendix 6: Resolution Codes</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
Contingency Plan – Default Preferences	The EVV System must record the default member preferences for each service should the member choose not to identify a preference. It is not permissible for the default values to be applied in lieu of provider agencies actively engaging in contingency planning with members on an annual basis. ¹⁵	The capture and definition of each member’s Contingency Plan is required as part of participation in the Arizona EVV program.	<p>Segment: Visit General Element 20 (ContingencyPlan) Appendix 9.1.1 HCPCS Procedure Codes</p> <p><i>NOTE: AHCCCS has modified the default member preferences including the addition of values for added service code/modifier combinations.</i></p> <p><i>Appendix 9.1.1: HCPCS Procedure Codes</i></p>

¹⁵ October 2022 - Clarified that the default values should only be applied when members have opted not to choose a preference in the event the visit is late or missed.

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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 last twelve months and a copy is on file.¹⁶</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 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>Segment: Client General Element 14 (ProviderAssentContPlan)</p> <p><i>NOTE: AHCCCS has revised the new attestation to reflect the extension of the review period from 90 days to an annual basis.¹⁶</i></p> <p>Segment: Client General Element 14 (ProvderAssentContPlan)</p> <p><i>I attest the contingency plan has been reviewed within the last twelve months and a copy is on file.</i></p>
Documentation – Visit Late or Missed	<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>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/resolution codes to account for this exception (late in call or no show)¹⁹ in order to resolve it. This data is captured in the VISIT CHANGE segment.</p>	<p>Exception Information: Segment: Visit Exception</p> <ul style="list-style-type: none"> ● Element 1 (ExceptionID) <p>Reason & Resolution Codes for Resolving Exceptions: Segment: Visit Change</p> <ul style="list-style-type: none"> ● Element 5 (ReasonCode) ● Element 7 (ResolutionCode) <p>List of Valid Exceptions / Codes: Appendix 9.3 Exceptions Appendix 9.2 Reason Codes Appendix 9.2.1 Resolution Codes</p>

¹⁶ October 2022 - Updates review timeline from 90 days to an annual basis.

¹⁹ October 2022 – Clarified the exceptions that apply to late or missed visits and what is required to get a visit to a verified state

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	<ol style="list-style-type: none"> Clinical Need Live In/Onsite Caregiver Member Preference¹⁷ <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>Depending upon the exception, resolutions codes may also be required to explain how the agency responded to the situation. For more general information on audit documentation requirements, reference the exceptions section in this document.¹⁸</p>		
Documentation – Member	<p>The EVV System must record how the member was accommodated 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"> Rescheduled within 2 hours Rescheduled within 24 hours Rescheduled within 48 hours Service will be performed at the next scheduled visit Service will be performed by a non-paid caregiver 	<p>The capture of how a member was accommodated for a late or missed visit is 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. 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>Resolution Codes for Capturing Reschedule Timing: Segment: Visit Change</p> <ul style="list-style-type: none"> Element 7 (ResolutionCode) <p>List of Valid Resolution Code Options: Appendix 6: Resolution Codes</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			

¹⁷ October 2022 – Added new reason codes to better document circumstances for visit exceptions.

¹⁸ October 2022 – Provided reference on where to find more general information on audit documentation requirements

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Tasks	<p>If the EVV System records the tasks performed for each service. The following standard list of tasks shall be utilized:²⁰</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 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. Continence Support and Hygiene (bowel, bladder, catheter) 	<p>Tasks for EVV visits provided via the Alternate EVV Vendor interface are captured in THE VISIT TASKS segment. Submission of the tasks performed during the visit are not required but should be sent via the Taskelements if performed and the EVV System captures that data.</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>It is understood that Alternate EVV Vendors will have different tasks captured within the system than the standard list of tasks. When sending task data, Alternate EVV Vendors, must crosswalk the list of tasks to the standard AHCCCS listing.</p>	<p>Segment: Tasks</p> <ul style="list-style-type: none"> • Element 1 (TaskID) • Element 2 (TaskRefused) <p>Appendix 7: Task Listing</p>

²⁰ October 2022 - Clarified that the submission of tasks is optional.

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	30. Medication Administration 31. Dressing and Grooming 32. Range of Motion/Exercise *These tasks are intended to be used to identify categories for goals members are working on with the support of skill building services (i.e. habilitation or skills training and development).		
Schedule			
Schedule is required for each service	<p>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/modifying a schedule after the time the visit was scheduled to start;²¹ however, visits may be rescheduled. The EVV System must denote what scheduled visits are rescheduled visits. Schedules that are missed (no show exceptions) must be reconciled with the appropriate reason and resolution codes applied within 2 weeks from the scheduled date.²²</p> <p>Scheduling is not required for members that have a live-in or onsite caregivers.²³</p> <p>For more specific information regarding scheduling requirements and flexibilities, please visit the Scheduling FAQ on the AHCCCS EVV webpage.²⁴ The Scheduling FAQ addresses permissible circumstances for which DCWs can schedule their own visits.</p> <p><i>Note: If AHCCCS finds that providers are not complying with the</i></p>	<p>Schedules are required for visits within the Arizona EVV program. However, the EVV System must allow for unscheduled visits to occur in order to accommodate members with live-in or onsite caregivers and to mitigate access to care issues. An unscheduled visit will flag an exception that requires the application of reason/resolution codes to get the visit to a verified state.²⁶</p> <p>Schedules should be delivered with the visit data only once or may be sent two weeks in advance of the visit.²⁷ Visits with recurring schedules are considered multiple, individual visits, and should also be delivered along with the associated visit data. Schedules should also be reconciled if an associated visit did not occur (no show exception) along with the appropriate reason and resolution codes have been applied to explain why the visit did not occur as planned.²⁸</p> <p>The system must have the availability to note if a schedule is a “reschedule.”</p>	<p>Scheduled Visit Start and End Times: Segment: Visit General</p> <ul style="list-style-type: none"> ● Element 18 (ScheduledStartTime) ● Element 19 (ScheduledEndTime) <p>Segment: Visit General</p> <ul style="list-style-type: none"> ● Element 21 (Reschedule)

²¹ October 2022 - Language added for clarification purposes.

²² October 2022 - Added requirement for documentation of schedules which did not result in a visit.

²³ October 2022 - Updated policy requirement to allow for the scheduling requirement to be “optional” versus “required” for members receiving care by live-in or onsite

²⁴ October 2022 - Provided reference to scheduling policy guidance. The Scheduling FAQ is in process of being reviewed and updated.

²⁶ October 2022 - Clarified that EVV Systems must accommodate unscheduled visits.

²⁷ October 2022 - Clarified that the schedule data is sent along with the visit data.

²⁸ October 2022 – Clarified under what circumstances and how a schedule should be sent.

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	<i>scheduling requirements, AHCCCS may opt to require stricter measures for a visit to get to a verified state. Compliance with the scheduling requirement consists of 1) a schedule sent with the visit data or no more than two weeks in advance of the visit, 2) reconciling unscheduled visits with a reason and resolution code, 3) reconciling no show (missed visit) exceptions with a reason/resolution code within two weeks of the scheduled visit and 4) indicating if a schedule is a reschedule.</i> ²⁵	Generally speaking, a reschedule is for the same original service and should occur for missed (no show or unsafe environment exceptions) or late visits and in response to the member's Contingency Plan. ²⁹ Schedule information is contained in THE VISIT GENERAL segment.	
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 14 days of the rendered service. ³⁰	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 <ul style="list-style-type: none"> • Element 28 (ClientVerifiedTimes) • Element 29 (ClientVerifiedTasks) • Element 30 (ClientVerifiedService)
Designee Verification	<p>Provider agencies must use the standardized AHCCCS form to discuss with the member or Health 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.</p> <p>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</p>	<p>If a member has a Designee to verify service delivery on their behalf, that data can be captured in the Alternate EVV Vendor 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>	Segment: Client Designee <ul style="list-style-type: none"> • Elements 1 through 7

²⁵ October 2022 – Reiterated policy compliance expectations and noted changes may be forthcoming if providers do not adhere to policy requirements.

²⁹ October 2022 – Reiterated the requirement for the system's ability to denote a scheduled as a rescheduled visit.

³⁰ October 2022 - Updated timeline from 7 to 14 days.

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	the member. The Designee is prohibited from also serving as the paid DCW.		
Digital/Electronic Signatures	<p>The EVV System shall offer a variety of methods by which the DCW, member and/or Designee may 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.</p> <p>The EVV System shall, also, include protections against the modification of electronic signatures.</p> <p>Voice and/or electronic signatures must be provided or demonstrated³¹ upon request to AHCCCS or MCOs in a timeframe specified by the requesting entity. Providers using fingerstick signatures must have a wet signature on file to use when reviewing and authenticating the signature. The use of PINs is permissible in lieu of a signature if the system has an authentication process to set up the PIN and has procedures to reset the PIN on a regular cadence.³²</p> <p>Alternate EVV systems will send an indicator to Sandata's Aggregator indicating the voice and/or electronic signature has been obtained.</p> <p>GPS coordinates are not an acceptable substitute for the voice and/or digital signatures</p>	<p>The Alternate EVV Vendor interface supports the attestation by the provider that an electronic signature was captured for each 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>	<p>Segment: Visit General</p> <ul style="list-style-type: none"> • Element 31 (ClientSignatureAvailable) • Element 32 (ClientVoiceRecording)

³¹ October 2022 – Reiterated that any time the provider may be asked either by AHCCCS or an MCO to either provide voice/digital/PIN signature verification and or demonstrate measures employed to authenticate the user.

³² October 2022 – Clarified requirements for PIN or fingerstick signatures.

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	required to be collected from individuals as verification of service and time of visit.		
Audit Documentation			
Exceptions	<p>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> <p>In order to get a visit to a verified state with an exception, a visit may need a manual edit (adjustment), notated by reason/resolution codes. In some cases, the exception might just require an acknowledgement with notated reason/resolution codes. When schedules are sent and the visit does not occur, the no show (missed visit) must be reconciled with the applicable reason/resolution codes within 2 weeks from the scheduled date. Lastly, certain instances require written documentation (memos) in the system. AHCCCS has also provided policy guidance (Documentation FAQ) on how to document exceptions for audit purposes.³³</p>	<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</p> <ul style="list-style-type: none"> Element 1 (ExceptionID) Element 2 (ExceptionAcknowledged) <p>Listing of Program Exceptions: Appendix 9.3 Exceptions Appendix 9.2 Reason Codes Appendix 9.2.1 Resolution Codes</p>
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 AHCCCSID number of the member receiving services 4. The date and time of the visit, The reason for the manual verification 6. The date and time of the manual verification and 	<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.</p> <p>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> <ul style="list-style-type: none"> Elements 1 – 7 <p>List of Reason/Resolution Codes: Appendix 9.2 Reason Codes Appendix 9.2.1 Resolution Codes</p>

³³ October 2022 – Added clarification that in order to get a visit to a verified state with an exception, reason codes (and sometimes resolution codes) are required documentation for audit purposes.

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	<p>7. The names of the member/designee and the name and system generate ID of the DCW who validated the visit. Member/designee verification is required when visit data is edited.³⁴</p> <p><i>Note: If AHCCCS finds that providers are not complying with the requirement to provide the entire lifecycle of a records manual/adjusted data elements that led up to the verified status, AHCCCS may opt to require stricter measures in order for a visit to get to a verified state. Alternate EVV Vendors must send over updates each time the visit is edited (unless the visit is auto- verified) in order to comply with AHCCCS policy.</i>³⁵</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 to update security requirements at any time.</p>		
Billing ³⁶			

³⁴ October 2022 – Clarified that if member/designee verification is required for both auto-verified and adjusted/edited visits.

³⁵ October 2022 – Reiterated policy compliance expectations and noted changes may be forthcoming if providers do not adhere to policy requirements.

³⁶ October 2022- Incorporated billing section with helpful hints on billing matters specific to the role of an Alternate EVV Vendor.

Policy Requirements: Titles	Policy Requirements: Descriptions	Technical Specifications: Descriptions	Technical Specifications: References
	<p>The following are helpful hints/reminders to mitigate common mistakes pertaining to service codes and billing.</p> <ol style="list-style-type: none">1. The introduction of EVV does not change provider billing practices. Refer to the Billing FAQ on the EVV webpage for more information.2. Only send the service code data as listed in the specifications. If the provider bills a modifier or modifier combination that is not listed in the specifications, the provider should still submit a claim with the appropriate modifiers. Only modifiers that are present in prior authorizations are in the specifications listing.3. Rounding rules are related to billing and do not change with the introduction of EVV. Exact call in/out times must be sent without the application of rounding rules for billing.4. It is very important evaluate the process for identifying the payer to make sure the correct payer is sent with the visit data.		<p>Appendix 9.1 Payers & Programs Appendix 9.1.1 HCPCS Procedure Codes: Payers, Program, Services, & Modifiers</p>