



KDADS STANDARD POLICY

Policy Name:	Use of AuthentiCare®-KS Electronic Visit Verification (EVV) System	Policy Number:	48
Division:	Community Services and Programs (CSP)	Date Established:	7/15/2014
Applicability:	Kansas Department for Aging and Disability Services (KDADS)-Home and Community Based Services (HCBS) Frail Elderly (FE), Intellectual and Developmental Disability (I/DD), Physical Disability (PD), Traumatic Brain Injury (TBI), Technology Assisted (TA)	Date Last Revised:	9/11/15
Contact:	HCBS-Programs	Date Effective:	9/4/2014
Policy Location:	External	Date Posted:	
Status:	Revised Policy	Number of Pages:	3

Reason for Policy

To clarify the use of EVV is required for the purpose documenting a worker’s time and attendance for reimbursement of claims and to establish a process for submitting a request for accommodation to the required use of the EVV System.

In limited circumstances, accommodation to the required use of the EVV system may be granted by KDADS if the request for accommodation is within the guidelines of this policy. This policy supersedes previous exceptions allowed within the “Guidelines for Requesting an Exception to the use of the IVR system”.

ENTITIES AFFECTED BY THIS POLICY

HCBS Service Providers Accessing the AuthentiCare®KS EVV System

Policy

1. Direct service workers (DSW) of (KDADS-HCBS) (FE, I/DD, PD, TBI, TA) and Money Follows the Person (MFP) (FE, I/DD, PD and TBI) programs are required to utilize the AuthentiCare®KS EVVsystem to document time worked and activities relating to service delivery. The utilization of the EVV system is necessary to meet documentation requirements in order to support claims submitted for reimbursement of services rendered.
2. It is a program requirement the DSW must perform all tasks related to the duties of the DSW including the required use of the EVV system for documentation of time and attendance.

3. Following documented unsuccessful attempts to train the DSW, the managing employer must determine the worker is not a qualified provider due to inability to perform required job functions.
4. In the event every attempt to utilize the EVV system was unsuccessful and all documented training efforts have been exhausted. The Financial Management Services (FMS) provider, at the request of the consumer, submits a written formal request for an “accommodation to the required use of the EVV system” to KDADS via the “HCBS General Upload Utility”. See form template in attachment 1.
5. An accommodation to the use of the EVV system is allowed for the following situation(s) and must be documented in AuthentiCare®-KS system:
 - a) The consumer or worker who is deaf or hard of hearing and requires the use of TTY equipment or suitable alternative (i.e. mobile application) and the accommodation is not readily available.
 - b) There is not an authorized plan of care entered in the AuthentiCare®-KS system. In such cases, an accommodation to the use of EVV is allowed if the consumer/provider receives written service authorization from MCO. The delay in authorization from MCO must be notated in the AuthentiCare®-KS system. Documentation to support the lack of authorization must be available to KDADS upon request.
 - c) AuthentiCare®-KS system failures validated with the vendor (FirstData).
 - d) An EVV accommodation for lack or loss of equipment, equipment failure or user error is allowed as an accommodation once monthly. It is the responsibility of the employer (consumer) to have a backup plan for making the necessary equipment/ tool available to the worker to comply with required documentation of time and attendance.
 - e) An emergency medical or personal crisis requiring immediate response to the situation resulting in the inability to use the EVV to document time and attendance.
6. It is the responsibility of the provider to notify KDADS of a worker who has been granted an accommodation. Once the accommodation is granted, the DSW must retain a copy for the purpose of providing proof of the “accommodation” in the event the DSW seeks employment elsewhere and an accommodation may be necessary. The consumer/FMS provider must verify with KDADS whether a DSW has an approved accommodation to the required use of the EVV system.

Limitations:

1. An accommodation will not be granted for consumer’s planned vacation or when consumer is being provided direct services in a location other than their own home. It is the employer (consumer) responsibility to make prior arrangements and make equipment/tool available to allow the worker to document time worked using the EVV system.
2. If an EVV request for lack or loss of equipment or equipment failure is authorized by the state, the consumer/provider is allotted ten (10) consecutive days to implement a back-up plan.

Any accommodation to the use of the EVV system outside of the situations indicated above (1-5) will require a formal written request using the procedure outlined below.

Procedures

1. A formal request for accommodation to the use of the EVV system must be submitted via the Request for Accommodation to use of KS AuthentiCare®-KS EVV form. The form must be submitted to the KDADS HCBS General Utility Upload: <http://www.kdads.ks.gov/commissions/csp/hcbs-file-utility>. A screenshot of the HCBS General Utility Upload can be referenced in attachment 2.
2. The following information must be included on the HCBS File Utility file upload page:
 - a. **Organization:** Provider Name or Company
 - b. **Email Address:** Provider email
 - c. **Name:** HCBS Program_Consumer Last/First Name
 - i. For example: PD_Smith/John
3. The following information must be included in the EVV request form:
 - a. Name of the individual receiving HCBS services
 - b. Medicaid number of the individual receiving HCBS services
 - c. Number of unsuccessful attempts to utilize EVV
 - d. Copy of translated resources available to accommodate the language barrier, if applicable
 - i. Include DSW's primary language
 - e. Copy of the training policy/process for the use of EVV system
 - f. Dates and types of additional training provided to direct service worker following unsuccessful attempts.
4. The program manager for the specific waiver program will review the request within 10 business days of the receipt of the request.
 - a. If the program manager requests the provider submit additional documentation, then; the provider has 10 business days to resubmit the requested information to KDADS via KDADS utility upload. If the provider fails to submit the additional information, within 10 business days, KDADS will make a decision based on the initial documentation submitted with the request.
 - i. If program manager denies the request for accommodation, the direct service worker must utilize the AuthentiCare®-KS EVV system.
 - ii. If the program manager approves the request and the direct service worker may submit a paper timesheet for documentation of time and attendance up to a maximum of 10 consecutive days. This approval must be documented in the AuthentiCare®-KS system and notated as KDADS approved accommodation. A copy of the approved accommodation must be available for quality review by KDADS staff.

Contact Information

HCBS Programs
503 S. Kansas Ave
Topeka, Kansas 66603
HCBS-ks@kdads.ks.gov

Authorities and Related Information

1. Consumer- For the purpose of this policy, a legal guardian may be representative of the consumer.
2. Guidelines for Requesting an Exception to the use of Interactive Voice Response (IVR) System- superseded
3. Request for Accommodation to the use of KS AuthentiCare®-EVV form

Policy and Manuals:

1. Kansas Department of Aging and Disability Services. “Financial Management Services Manual”. April 10, 2015. Website: <http://www.kdads.ks.gov/docs/default-source/General-Provider-Pages/HCBS/Provider/Provider-FMS/2015-04-10-6-5-fms-manual.pdf?sfvrsn=2>
2. Kansas Department of Aging and Disability Services. “Kansas Medical Assistance Program- Fee-for-Service Provider Manual.” April 2014. Website: https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/HCBS%20FMS_04142014_14047.pdf
3. Kansas Department of Aging and Disability Services. “KDADS FMS Manual Additional Information.” April 17, 2015. Website: http://www.aging.ks.gov/PolicyInfo_and_Regs/PIs/DraftPolicies/KDADS_FMS_Manual_QA_04-17-15.pdf

Approved by:

Home & Community Based Services Director

Date

Community Services and Programs Commissioner

Date

KDADS Legal

Date

Attachment 1- EVV Accommodation Form



AuthentiCare®-KS Electronic Visit Verification (EVV) System: Request for Accommodation

Direct service providers of the Kansas Department for Aging and Disability Services-Home and Community Based Services (KDADS-HCBS) are required to utilize the EVV system to comply with required documentation of time and attendance. The utilization of the EVV system is necessary to meet documentation requirements in order to support claims submitted for reimbursement of services rendered. Accommodation to the required use of the EVV system may be granted in accordance with the "Use of AuthentiCare ®-KS Electronic Visit Verification (EVV) System" policy.

Consumer Information

Person Submitting this Form: _____ Date Submitted: _____
Relationship to Consumer: _____ Contact Number: _____
Consumer Name: _____ Consumer DOB: _____
Medicaid Number: _____ HCBS Program: _____

Worker Information

Name of Direct Service Worker: _____ Worker ID: _____
Primary Language: _____

Agency Information

Agency Address: _____
Agency Phone Number: _____ Agency Email: _____

Summary

Please provide a detailed description of the reason an accommodation to the required use of the EVV system is being requested. In your description, include the following information: a summary of the reason for the request, types of trainings provided to the DSW, and the number of unsuccessful attempts to train the DSW:

Note: Attach the following documentation when submitting the request

- Agency policies and procedures/process regarding the required use of the EVV system
• Documentation and copy of unsuccessful training(s) used in the instance of this request
• Any other supporting documentation

The program manager for the specific waiver program will review the request within 10 business days of the receipt of the request. If the program manager requests the provider submit additional documentation, then; the provider has 10 business days to resubmit the requested information to KDADS via KDADS utility upload. If the provider fails to submit the additional information, within10 business days, KDADS will make a decision based on the initial documentation submitted with the request.

Attachment 2- HCBS General Upload Utility Screenshot



KDADS Upload Utility

HCBS General Upload Utility

Instructions

1. Enter all required fields which are indicated by the yellow star icon * .
2. Click on the **Create** button.
3. The **Apply Changes** button is used if changes are needed to the the **Identification Information** items.
4. After the Identification Information is created, the **Upload/View Attachment** link will be displayed. Click this link and follow the upload instructions displayed within the document upload page.
5. Once all documents are uploaded, click the **Exit** button to return to the KDADS Provider website.

[Create New Identification Record](#)

[Exit to KDADS Provider Website](#)

[Return To List \(Upload Utility Role\)](#)

Identification Information

* Organization
(Organization name, Provider name , or Agency name)

* E-Mail Address
(Your email address, used for followup correspondence.)

* Name
(The name uniquely identifying the person or issue these documents will be related to when uploaded.)

Note
(Additional information which may have been requested or added to add clarity to the posting.)