# Frequently Asked Electronic Visit Verification (EVV) Questions

## EVV in Managed Care

**Q. What is Electronic Visit Verification (EVV)?**
**A.** EVV uses technology to record the times, dates and specific Personal Care Services (PCS) and Home Health Care Services (HHS) that are given. This process helps ensure that people who should receive services, in fact, receive them.

**Q. Where can I find NC Medicaid's requirements for EVV?**
A.  NC Medicaid's requirements for EVV can be found on the NC Medicaid EVV webpage.

## Participants in NC Medicaid EVV Program

**Q. Which NC Medicaid beneficiary services are required to participate in EVV?**
A: EVV applies to Personal Care Services (PCS) [in-home] provided under the state plan, or 1915(c) waivers, and 1115 Managed Care waiver. EVV is required for State Plan PCS, Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA), and self-directed personal attendant care services. These services and programs are subject to EVV beginning Jan. 1, 2021.

The Innovations and TBI waiver services, as well as identified (b)(3) services, will be subject to EVV by March 31, 2021.

EVV will be required by the 1115 Managed Care Demonstration waiver (Standard Plans) at NC Medicaid Managed Care go-live on July 1, 2021.

**Q. What waiver programs/services will begin EVV when Medicaid Managed Care launches on July 1, 2021?**
A. Effective July 1, 2021, Medicaid-only individuals with PCS 99509 HA (modifier for beneficiaries under age 21 regardless of living setting) and HB (modifier for in-home agencies, beneficiaries 21 and older) will be managed by the health plans and are subject to EVV through the health plans.

**Q. Is EVV required for Adult Care Home residents?**
A. Individuals who reside in adult care homes and licensed residential facilities are not subject to EVV requirements.

**Q. When do Home Health Aide services become subject to EVV?**
A. Home Health Aide services are subject to EVV beginning Jan. 1, 2023.

**Q. Is EVV required for nurse visits such as supervisory visits and admission?**
A. EVV is not required for nurse visits.

## General EVV Questions

**Q. How do we access EVV presentations and recordings?**
A. EVV meeting presentations and recordings are available on the NC Medicaid EVV webpage under Provider Meetings and Trainings.

**Q. Where can I find a schedule of Stakeholder Meetings?**
A. Stakeholder Meetings are posted on the NC Medicaid EVV webpage.

**Q. How do providers register with Sandata?**
A. Providers were asked to complete the Provider Survey regarding their EVV vendor. (This survey is now closed.) If providers have selected to use the State's solution, Sandata, the provider will register with Sandata for training. Once providers have registered, they will receive a Welcome Kit from Sandata.

If providers did not complete the survey prior to its closing, they can visit the NC Medicaid EVV webpage under Provider Meetings and Trainings (click on NC Training Announcement) to begin the registration process with Sandata. This registration is now open.

**Q. How do providers use the Sandata Aggregator system?**
A. Providers who have selected an alternate to the State's Sandata EVV solution (Alt EVV) will still use the Sandata Aggregator. Training is sent to providers when the Alt EVV process is initiated. Software updates to the Sandata Aggregator occur once a month and downtime is minimal. There is nothing the user will need to do to update the system.

**Q.  Will beneficiaries have access to their own EVV data?**
A.  Beneficiaries will not have access to their EVV data. Prior to authorization of service, beneficiaries have the opportunity to review and approve their service plan/plan of care. EVV validates what was authorized. If the beneficiary believes services are not provided in accordance with their service plan/plan of care, they may contact their service provider.

**Q. If the beneficiary does not understand the EVV system, who can they turn to for assistance?**
A. Beneficiaries were mailed an EVV Information Card to inform them of the EVV requirement. The Information Card directs them to the Medicaid EVV webpage and the NC Medicaid Contact Center for support.  Beneficiaries should also reach out to their agency provider for assistance.

**Q. As part of the EVV implementation, will Medicaid have a standard EVV form for all providers to use to confirm compliance with the requirements, or will providers use their own form?**
A. NC Medicaid will issue an EVV Attestation for all providers subject to EVV. Providers will attest that they have informed all of their beneficiaries who are subject to EVV of the requirement and maintain this attestation in their records.

**Q. When will proposed changes to Clinical Coverage Policy 3L be effective?**
A.  Changes to the Clinical Coverage Policy 3L to reflect the EVV requirements will be effective Jan. 1, 2021. Changes to the language were shared during virtual regional training sessions and are now posted on the NC Medicaid EVV webpage.

**Q. What is a fixed visit verification device?**
A. In situations where neither the mobile application nor the toll-free telephony solution is available, the NC Medicaid EVV program also supports fixed visit verification (FVV) devices. These small, signal-less fobs are designed to stay in the member's location and the caregiver aides can use it to capture timecodes at the start and the end of the visit, which can be entered later into the EVV system to record the exact time the visit started and stopped. Please note that providers who choose to use FVV devices for the NC Medicaid EVV program may incur a cost for their use.

**Q. What is a third-party EVV system?**
A. The term "third-party EVV system" or "alternate EVV system (Alt EVV)" refers to the ability of a provider agency to use an EVV system of their choosing that is not the State-supplied Sandata EVV system. These Alt EVV systems can be used by the providers and will be required to deliver   EVV data to NC Medicaid to comply with EVV requirements. Please note that providers choosing to use a third-party or Alt EVV system may incur a cost from the vendor for that EVV system and the interface to NC Medicaid's EVV system.

**Q. Will Medicaid develop a Provider Attestation to meet EVV policy requirements?**
A.  Medicaid will not develop a Provider Attestation form to be distributed. . However, providers are required to maintain documentation in each Medicaid beneficiary's file that informs they were notified of the EVV requirement. Providers are also required to maintain documentation in each aide's employee file that informs they completed training on the provider's EVV system of choice. A Paid Live-In Provider Attestation will be developed to assist with claim adjudication of exempted caregivers who do not have to validate their in-home visits.  Policy language will be amended to reflect this messaging.

**Q. The telephony requirements outlined in Personal Care Services (PCS) Policy 3L and referenced in the Community Alternatives Program (CAP) Policies, 3K-1 and 3K-2 exceed the telephony requirements of EVV.  What requirements are we to follow?**
A.  The preferred method of EVV visit capture is through mobile application. If mobile application is not an option for visit capture, the provider may allow the use of telephony. Telephony requirements currently listed in the PCS Clinical Coverage policy 3L and the CAP policies 3K-1 and 3K-2, address minimum requirements that exceed the telephony requirements of EVV. NC Medicaid is working on an amendment to the policy language of minimum telephony system requirements for providers and beneficiaries subject to EVV. Additional information regarding telephony will be shared in an updated FAQ.

## Implementation

**Q. If providers use a third-party vendor (e.g., their EHR vendor), is GPS confirmation required?**
A. A Global Positioning System (GPS) confirmation is required in North Carolina when using a third-party vendor.

**Q. How will providers document deviations from the service plan? Will a paper timesheet and POC still be needed for licensure requirements?**
A. Providers will continue to document deviations from the service plan/plan of care (POC) utilizing their current aide documentation practices. POC licensure requirements remain the same. Providers are to adhere to clinical coverage policy for the Medicaid service plan/POC requirements.

**Q. What is the difference between Sandata and HHAeXchange?**
A. Sandata is NC Medicaid's procured vendor for NC Medicaid Direct services [Personal Care Services (PCS) and Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA)]. Sandata is also NC Medicaid's procured Aggregator which collects EVV data from all third-party alternate solutions. HHAeXchange (HHA) is a separate EVV solution from the Sandata Solution. If services are provided through the LME/MCOs or health plans, they will be subject to their requirements for EVV implementation.

**Q. When will the EDI training be for those providers using their own EVV vendor?**
A. A third-party alternate EVV (Alt EVV) system meeting was held on Nov. 12, 2020. The presentation, recording, and Alt EVV addendum and specifications are available on the NC Medicaid EVV webpage under Provider Resources and Service Codes.

**Q. What do providers need to complete by Jan. 1, 2021, for EVV implementation?**
A. Providers were required to complete the Provider Survey regarding their EVV vendor. If they have selected to use the State's solution, Sandata, the provider will register with Sandata for training. Once providers have registered, they will receive a Welcome Kit from Sandata.

If providers did not complete the survey prior to its closing, they can visit the NC Medicaid EVV webpage under Provider Meetings and Trainings to begin the registration process with Sandata. Registration is now open.

**Q. If EVV is simply for tracking the clock-in and clock-out of direct service professional (aide) staff, why is authorization data necessary?**
A. Prior authorization data is necessary to ensure that the EVV visit data is based on authorized services.

**Q. Will task sheets still be required?**
A. Task sheets will continue to be required.

**Q: Are aides required to document tasks during in-home visits?**
A: Documentation of tasks during in-home visits must follow the regulatory requirements set forth by the Division of Health Service Regulations (DHSR) and other guiding clinical coverage policies for State Plan PCS and the Community Alternatives Programs for Children and Disabled Adults (CAP/C and CAP/DA). Sandata, the state's EVV solution offers an option for tasks to be documented and can be used at the discretion of providers.

**Q. Will the EVV system generate task sheets that can be printed and maintained in records?**
A. At this time, Sandata does not generate reports that can be used as aide documentation/task sheets.

**Q. Will the Sandata system be free of charge for Providers?**
A. The use of Sandata is free of charge for providers if they are only utilizing the Sandata Mobile Connect option or Telephony. If providers need to use the Fixed Visit Verification (FVV) device, use of the device(s) will be a cost incurred by the provider.

**Q. How long does it typically take to implement EVV?**
A.  EVV implementation time varies from state to state. NC Medicaid was successful with EVV launch on Jan. 1, 2021, when Phase I started the pay and report period for providers subject to EVV. During Phase 1, provider claims will not pend based on failed validation. During this period, if a claim fails validation, the system will generate a report of the validation issue and allow the provider to cure the issue. Providers who have demonstrated a good faith effort to connect to EVV will not experience recoupment of claims that fail validation during this period.

**Q. When will QiReport Service Calendars be due?**
A. Effective Jan. 1, 2021, providers will begin completing Service Calendars as the next step in completing the service plan for any scenario a service plan is needed. This includes new authorizations, annuals and revisions. Service Calendars are not required prior to Jan. 1, 2021.

**Q. Since QiReport Service Calendars are not due until a new service plan or revision is needed, will providers not use EVV for those beneficiaries until that time?**
A.  All beneficiaries subject to EVV must be set up in the respective EVV solution and ready for EVV by Jan. 1, 2021. Providers using Sandata will enter their EVV aide schedules into the Sandata solution based on the beneficiary's current service plan/POC authorization.

# Scheduling

**Q. Schedules are often fluid due to requests from clients to change to afternoon or move back an hour or two based on an appointment. Are providers required to update QiReport every time a schedule moves within a day?**
A. Updates to QiReport are not required every time schedules change. Providers are responsible for updating schedules when a new service plan is needed or service plan revisions are required. Service Plan revisions are for permanent changes to the beneficiary's schedule not for changes that are determined to be deviations.

**Q. If an aide is scheduled for 8:30 -10:30 a.m. in the QI Report, but actually works 11 a.m. - 1 p.m., would the provider receive a claims rejection?**
A. Providers will enter aide schedules into the Sandata solution; however, at go-live the EVV visit will be verified based on the scheduled length of time and not the actual time completion. Change in aide schedule will not result in claims rejection.

**Q. Will the service plan changes, and aide schedule changes also apply to assisted living PCS providers?**
A. Assisted Living/Adult Care/Group Home Providers are not subject to EVV.

**Q. Does the monthly service plan allocation of time apply to beneficiaries who live in group homes and receive PCS services from the staff who work in the group homes?**
A. Beneficiaries who live in group homes and receive PCS services from staff are not subject to EVV.

# Billing

**Q: Will EVV be tied to billing with date of service beginning Jan. 1, 2021?**
A: NC Medicaid will not recoup claims paid for services subject to EVV for dates of service Jan. 1, 2021 – March 31, 2021. Providers who make a good faith effort to connect with their EVV vendor of choice, documenting efforts and tracking issues that have prevented connection, will not be subject to recoupment for dates of service Jan. 1, 2021 – March 31, 2021.

**Q. Will the EVV launch date of Jan. 1, 2021 be based on date of service or date of billing?**
A. Visits for dates of service beginning Jan. 1, 2021 should be logged into an EVV system.

**Q. Does the Sandata system automatically bill for services once the aides sign in and out of the system or will there still be a need for a biller?**

A. The Sandata system does not automatically bill for services. Providers will continue to submit claims to NCTracks for adjudication. There is no change to how prior approvals are transmitted to and how claims are submitted through NCTracks.

**Q. Will Medicaid reject claims that don't exactly match the hours on the service plan?**
A. Claims with hours that differ slightly from the service plan will not be rejected. Schedules submitted into the EVV Solution are to be based on the beneficiary's service plan, however deviations are allowed to the schedule and should be appropriately documented in accordance with current aide documentation practices. POC licensure requirements remain the same. Providers are to adhere to clinical coverage policy for the Medicaid service plan/POC requirements.
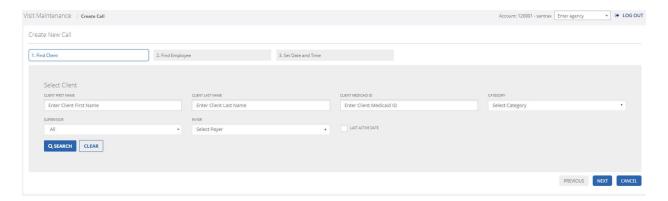
**Q. Will an incorrect address or telephone number in the Sandata' s EVV portal prevent the claim submitted from paying?**
A. An incorrect address or telephone number will not prevent visits entered in the Sandata system from moving to a verified status in the Sandata portal. All verified visits will be transmitted to NCTracks for EVV validation to assist with claims adjudication. Address/GPS and telephone numbers are not data fields that are received or validated at the time of claim adjudication. NC Medicaid will review GPS data as a compliance review through a post-payment audit to ensure services are conducted at the authorized location(s).

## EVV Logistics

**Q: If the aide forgets to clock in or clock out during the visit, can this be corrected?**
A: If the aide forgets to clock in or clock out, it can be corrected by entering a manual visit. This is done by clicking on "Create Call" in Visit Maintenance. Within that online application, the provider agency staff can view the caregiver's visit, see the missing time entry and provide the correction to the visit. The provider will be prompted to give a reason for that correction/update and that visit will be updated to reflect the alteration.



**Q. We have limited internet access and most of our beneficiaries don't have landlines and will need a device. Will the cost of the device be the responsibility of the beneficiary or the provider agency?**
A. The Sandata system and visit capture tools are used across dozens of states today, including some of the most remote locations in the country. The Sandata Mobile Connect mobile application has the ability to work in "disconnected mode," where visit capture can occur using the app without having either cell or WiFi network access. The app will capture all the necessary data elements for the visit, encrypt data and store temporarily on the mobile device until the device is back in cellular or WiFi network range. At that point, the visit data will be transmitted to the EVV system and removed from the device.

The Sandata Mobile Connect app is free to use and download, supported on Android and Apple iOS devices, and can be set to only transmit data over WiFi signal to avoid using individual caregivers' data plans.

The NC Medicaid EVV program is a bring your own device (BYOD) program, which allows the caregivers to use the Sandata Mobile Connect app on their own personal devices to capture visits for the program.

The cost of the device will be the responsibility of the provider agency. To learn more about purchasing an FVV device, view the NC Medicaid EVV Implementation Update bulletin posted Jan. 21, 2021. NC Medicaid will issue additional information on FVV purchase in the coming weeks.

**Q. How much data is transmitted at each visit, check-in and check-out?**

A. While the size of a visit can vary depending on the notes and details supplied by the caregiver during the visit, the size is typically very small, less than 200 KB. The Sandata Mobile Connect app is free to use and download, supported on Android and Apple iOS devices, and can be set to only transmit data over WiFi signal to avoid using individual caregivers' data plans.

**Q. Does the beneficiary need to sign electronically when services are received?**
A. For the NC Medicaid EVV program, obtaining the signature of the individual receiving services at the time of the visit is not required for EVV visit capture.

**Q. How does a provider contact technical IT support at Sandata?**
A.  If a provider is having an issue with the Sandata system or their EVV account, they can contact the Sandata Customer Care line at 855-940-4915 to have their issues addressed by Sandata's team of dedicated support representatives.

**Q. How will connectivity be addressed for providers with aides who do not have smart phones and beneficiaries who do not have cell service?**
A. The Sandata EVV solution has multiple modes for visit capture that caregiver aides can use for their daily visit activities. In addition to the Sandata Mobile Connect app for smart devices, the system also supports visit capture via Interactive Voice Response (IVR) by phone. Each provider agency is issued their own toll-free phone number where the aides may call in to record the start and end of their visits, along with any specific details for the visit.

In situations where neither the mobile application nor the toll-free IVR solution is available, the NC Medicaid EVV program also supports fixed visit verification (FVV) devices. These small, signal-less fobs are designed to stay in the member's location and the caregiver aides can use them to capture timecodes at the start and the end of the visit. These timecodes can be entered later into the EVV system to record the exact time the visit started and stopped. Please note that providers who choose to use FVV devices for the NC Medicaid EVV program may incur a cost for their use.

**Q. Will providers clock in through Sandata and telephony for that agency, meaning two clock-ins?**
A. NC Medicaid and Sandata cannot speak to the specific policies, systems or guidance that individual provider agencies define for their staff. The Sandata EVV system does require the caregiver to record the start and end times for their visits in one of the EVV visit capture tools. This is intended to be a quick process for the caregiver, taking very little time to capture.

**Q. If a staff person performs various services throughout a shift, do they log in and out of the services or log in at the beginning of the shift and then out at the end, regardless of the combination of services provided?**
A. The 21st Century Cures Act defines that every visit must capture and represent a single, defined service. From that perspective, each different HCPCS service that is performed by the staff will need to have a specific EVV visit with start and end times captured. However, the specific tasks and activities that are performed during that service do not require individual start and stop times to be captured.

**Q. Is full export capability available for QiReport?**
A. At this time, full export capability is not available for QiReport.


**Q. Does Sandata export the EVV-collected data to providers?**
A. The Sandata EVV system offers the provider agency a suite of different reports to view and export the EVV data for the provider. These reports are parameterized, allowing the provider agency staff to select specific timeframes and other options to report on different aspects of their EVV activity. All of these reports are available to export in a variety of different formats, including text-based, comma-separated value lists, as Microsoft Excel spreadsheets or multiple other options.


**Q. Can an update be made to the beneficiary address or telephone number in Sandata' s EVV portal?**
A. The beneficiary address or telephone number cannot be modified nor can another address or telephone number be added to the beneficiary profile in the Sandata system. To initiate an update of the address or telephone number in Sandata' s EVV portal, the beneficiary must contact their local Department of Social Services. The local DSS must update the address and telephone number in the NCFAST system which will transmit the newly updated address and telephone number to the beneficiary profile in Sandata' s EVV.


**Q. Are manual visit entries allowed for EVV?**
A. NC Medicaid is aware that entering manual visits is, at times, necessary as aides are adjusting to the EVV requirement. Manual visits may also be entered if a provider has a PCS or CAP authorization for a client who is not yet viewable in Sandata. Once the provider can access the client in the EVV portal, manual visits for services that were completed prior to the client being viewable in the EVV system  can be entered for visits where the aide provided services but was not able to enter through Sandata Mobile Connect (SMC), Telephonic Visit Verification (TVV), or Fixed Visit Verification (FVV). To learn more about how to enter a manual visit in the Sandata system, providers may visit the NC DHHS Provider Training Page and view the Visit Maintenance webinar.


**Q. Why did I receive an error message when entering a manual visit?**
**A.** Medicaid is aware of error messages that occur that read "out of date range" and "date is older than allowed" when a manual visit is entered for a date greater than 14 days from the date of service. NC Medicaid is working with Sandata to allow manual visit entry time limit to exceed 14 days.  Additional information will be provided in an updated FAQ.


**Q. What are NC Medicaid EVV Visit Exceptions?**
A. Visit exceptions occur when the EVV system identifies that a program-defined issue exists for a visit. When this occurs, an agency user with the appropriate visit maintenance security privileges is able to document missing or incorrect data for the visit or acknowledge that the exception occurred and resolve it. For more information and a listing of EVV visit exceptions see the NC DHHS EVV Supplemental Training Guide.


**Q. What is a verified visit?**
A. A visit with the status of verified, means there are no exceptions. Clearing or resolving all exceptions on an incomplete visit, updates the visit status to 'verified.'


**Q.  How do I enter EVV visits if the beneficiary does not appear in the Sandata portal?**
A.   Medicaid beneficiaries subject to EVV with an active prior authorization (PA) should appear in your Sandata portal. If the beneficiary does not appear but there is an active PA, the provider should conduct the visit in accordance with the beneficiary's service plan/plan of care.   Once the provider can access the client in the EVV portal manual visits for services that were completed prior to the client being viewable in the EVV system can be entered for

visits where the aide provided services but was not able to enter through SMC, TVV, or FVV.. Providers are to report missing clients to Sandata Customer Support at 855-940-4915 or email NCCustomerCare@Sandata.com.

## Device Usage

**Q. Can tablets, mobile devices or telephones be used for the EVV communication devices?**
A. The Sandata Mobile Connect app is available for Android and Apple iOS devices running most recent versions of those operating systems. The devices must have GPS connectivity and the capability to connect to either cellular or WiFi networks for data transmission. While the app is optimized to run on mobile phones, it can support running on larger devices with different screen resolutions.

**Q. Can aides use the beneficiary's smart phone to add Sandata Mobile Connect?**
A. The Sandata Mobile Connect App is only to be used on the aide's device.

**Q. Can the telephone option only be used on a cellphone?**
A.  If use of the mobile application is not available to the caregiver/aide, telephony (access by phone) is the second option that may be used to capture visits. Telephony may be used on landlines or cellular devices. To meet the requirements for capturing visits and to not place burden on the beneficiary to verify, it is preferred that the caregiver/aide use a landline to validate the visit. While cell phones may be used to capture visits, caregivers/aides are prohibited from utilizing the beneficiary's cellphone. Providers are to exercise discretion if they elect to allow caregivers/aides to utilize cellphones to capture EVV via telephony. Providers must create a policy for the use of telephony that protects the interest of the beneficiary.

## Community Alternatives Program and Innovations Waiver

**Q: Is EVV required if a provider doesn't participate in PCS services, but participates in CAP/DA?**
A: EVV is required for both Community Alternatives Programs for Disabled Adults and children (CAP/DA and CAP/C).

**Q. Will retainer services be included in EVV?**
A. Specific to the CAP waivers, retainer plans of care are excluded from the EVV mandate because an in-home visit is not made when a retainer agreement is in place.

Any service plan that includes one or more of the personal care codes included in the waiver, such as an in-home aide, pediatric nurse aide and personal care assistance services, will be subject to the EVV mandate. Waiver participants who are living with a paid caregiver, regardless of the type of service being provided (provider or consumer-led), are excluded from the EVV mandate.

**Q. Schedules can potentially change daily depending on the needs of waiver beneficiaries.  Is this going to cause an issue?**
A. An initial and annual CAP service plan that includes a plan of care (POC) is developed with the waiver participant. The POC identifies the needs of the waiver participant as well as the dates and times services are needed and the identified tasks that should be completed during each in-home visit. Because of the acuity needs of the CAP waiver participant, service needs, times and tasks will change over time. The waiver participant should explain to the provider/caregiver their changing needs so that adjustments can be made to the schedule and tasks to be performed that may occur periodically. However, when needs change permanently, the case manager should revise the POC to reflect the ongoing needs of the waiver participant to reduce the need for daily adjustments or deviations.

**Q: A CAP beneficiary is missing from my client load roster, what do I need to do?**
A: Beneficiaries enrolled in the CAP waiver are authorized services by an assigned case management entity. Before a prior approval (PA) can be assigned to a CAP beneficiary, the authorized provider must accept the CAP service authorization in the e-CAP system. Once the service authorization is accepted, e-CAP generates the PA and transmits it to NCTracks and Sandata.

**Q: Do providers need to confirm the acceptance of the CAP service authorization transmitted by e-CAP to your agency?**
A: If you have not accepted the CAP service authorization, you will need to accept it before the PA is generated. This business rule was in place before the EVV implementation.

**Q. Will EVV require providers to enter time sheets manually into e-CAP?**
A. The CAP waiver does not require the upload or manual entry of timesheets. At the discretion of the case manager, the provider may be asked to upload a timesheet to monitor tasks the beneficiary is receiving to identify ongoing needs or to monitor acuity due to a change in status.

**Q. Sometimes the address is incorrect on the service authorization since e-CAP pulls up the beneficiary address through the MMIS system. Will this change in e-CAP due to the GPS location being different?**
A. This process will not change. The electronic Community Alternatives Program (e-CAP) system that manages CAP eligibility determination activities, service plan development and monitoring tasks, will continue to use the State's Medicaid Management Information System (MMIS) to assist with identifying the address of the waiver participant. The address in the MMIS is considered the source of truth. It is the waiver participant's responsibility to notify their local DSS immediately when there is a change in address or assets.

**Q. How will providers be able to track using EVV with community-based services where the individual may be picked up and dropped off at different locations (example one day the person might be picked up at school and services end at one parent's house and then the next day they are to be dropped off at grandmother's home)? Can you clarify how this works with community-based services under the Innovations Waiver?**
A. To ensure waiver participants are offered the opportunity to integrate into the community similar to non-disabled individuals, personal care-type services in the CAP waiver may be provided in various places such as the home or the community. The provider's EVV vendor should provide training on how to capture visits in the community versus home visits.

To ensure EVV implementation aligns with current billing processes for the Innovations and Traumatic Brain Injury (TBI) waiver programs, as well as for (b)(3) services administered by Local Management Entities/Managed Care Organizations (LME/MCOs), EVV implementation of those programs is planned for June 30, 2021.

**Q. Will family-serving-family consumers including RaDSE be exempt from EVV requirements?**
A. Family-serving-family consumers including Relative as Direct Support Employee (RaDSE) will be exempt from EVV requirements.

**Q: If a CAP beneficiary has multiple employees and at least one of the employees does not live in the home, must all the employees use EVV?**
A: All the employees must use EVV except for an employee who lives in the home.

**Q. Can Providers of Innovations waiver services submit EVV data directly to Sandata if they have their own EVV solution?**
A. Innovations providers will work with their respective LME/MCO for EVV implementation.

**Q: Who do providers contact regarding EVV for the Innovations waiver, Traumatic Brain Injury waiver services and (b)(3) services subject to EVV?**
A: Providers may contact their LME/MCO for EVV implementation. To ensure EVV implementation aligns with current billing processes for the Innovations and TBI waiver programs, as well as for (b)(3) services administered by LME/MCOs, EVV implementation of those programs is planned for June 30, 2021.

**Q: Are CAP beneficiaries able to obtain a smart device to assist with capturing EVV visits?**
A: CAP beneficiaries participating in the Consumer Direction program are considered employers of record. They are required to oversee the hiring and pay of staff providing in-home personal care-type services. To assist these employers of record to manage the validation of visits to comply with the 21st Century Cures Act, a smart device or a fixed visit verification (FVV) device can be purchased using the waiver's home- and community-based service of individual goods and services. The financial management entity will inform the case manager of the need, and the case manager will create a POC revision to add the one-time purchase of the device. Individuals in the CAP waiver who are not directing their care are not eligible to receive a smart device to manage EVV.

## Using an Alternate EVV System (Alt EVV) to Sandata EVV

**Q. Where can we find the Alt EVV technical specifications?**
A. The data specifications for Alt EVV providers can be found on the NC Medicaid EVV webpage under the "Providers and Service Codes" Section.

**Q. Will Alt EVV vendors be verifying claims data from LME network providers?**
A. Please contact your respective LME/MCO for more information on the EVV model with their selected vendor.

**Q. Can we access and print Alt EVV presentation slides/materials?**
A. Presentation slides are available to all providers in the EVV program on the NC Medicaid EVV webpage under Third Party Alternate EVV section in open PDF format (which can be opened using Adobe Acrobat or your local web browser). Slides can be printed from the application used to open and view the file.

**Q. How do Alt EVV vendors get interface testing?**
A. For those providers who completed the survey, testing credentials were sent to the associated vendors by Sandata during the week of Nov. 23, 2020. Agencies interested in using an alternate EVV vendor may notify Sandata via email at NCAltEVV@sandata.com.

**Q. How can we access the Alt EVV Data Specification and NC Addendum?**
A. Alt EVV data specification and NC Addendum can be found under the "Provider and Service Codes" section of the NC Medicaid EVV webpage.

**Q.  Where can I find information on API?**
A. The RESTful Application Program Interface (API)  can be found under the "Provider and Service Codes" section of the NC Medicaid EVV webpage in the Requirements Specification document.

**Q. Can providers upload agency documents to Sandata?**
A. Sandata EVV does not have a feature to accept uploaded documents.

**Q. How will a provider pay for devices to conduct visit verification?**
A. Using the Sandata EVV System is free to NC Medicaid providers. If providers choose to use a fixed visit verification (FVV) device for service providers who do not have access to a telephone or smart device, there will be a charge to providers. Sandata is currently working out the logistics on billing and delivery of these devices.

**Q. If an agency uses a third-party vendor and later wants to change to the Sandata system (or vice versa), will they be able to make that change?**
A. Providers can change their EVV vendor. Agencies will notify Alt EVV Support at NCAltEVV@Sandata.com or 855-940-4915 to change vendors. A member from the Sandata support team will walk through the process of changing systems, a go-live date and activating/inactivating any associated telephone lines.

**Q. When will agencies have access to the specs needed for a third-party vendor to send data to Sandata?**
A. Information about Alt EVV can be found on the NC Medicaid EVV webpage under the "Providers and Service Codes" Section.

**Q. Will the Alt EVV vendor be able to automatically see the exceptions and bring them to the attention of the provider?**
A. The vendor's system should show the provider what is missing in the visit to be considered a completed visit. The Sandata Aggregator is a view-only system. Any updates or changes must be made in the vendor system.

**Q: Can NC Medicaid recommend a third-party EVV Vendor that might integrate well with our current EHR software?**
A: The state is working through its contracted EVV partner, Sandata, to ensure optimal integration with provider systems. NC Medicaid does not offer other recommendations for EVV vendor selection. Providers have free choice and can select a vendor that aligns best with their business practices.

## Contact Information

**Q. Who do we contact to notify Sandata we have a third-party provider?**
A. Please send an email to the NCaltevv@sandata.com informing them of the change to the survey and your selection. If you did not complete the survey, contact Sandata Customer Support at 855-940-4915 and inform them of the alternate EVV vendor you are using. Register for the Sandata training on the NC Medicaid EVV webpage under Provider Meetings and Trainings.

**Q. Can providers contact the Sandata team directly?**
A. Providers can reach out to Alt EVV Support at NCAltEVV@Sandata.com for additional information on Alt EVV. For all other inquiries please contact the Customer Support team at 855-940-4915 or email: NCCustomerCare@Sandata.com.