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CLASS & DBMD Quarterly Webinar

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Long-Term Services & Supports (LTSS) Policy**

December 03, 2024

Agenda



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Policy

- CLASS and DBMD Form Updates
- DBMD Region 1 need for Providers

PES Fair Hearing

- Proposed CLASS Termination due to Loss of Financial Eligibility

EVV

- General EVV Topics

UR

- Rate Change Training
- Error Corrections to IPCs
- Withdrawal from IPC Submission – Cancellations of IPC

CLASS and DBMD Updated Forms

(Slide 1 of 2)



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LTSS Policy is currently working on updating several forms and form instructions:

CLASS

- Form 3595, IPP Service Review
- Form 3621, CLASS IPC
- Form 3621-T, IPC Service Delivery Transfer Worksheet
- Form 3625, CLASS/CFC Documentation of Services Delivered

DBMD

- Form 6500, DBMD and CFC IPC
- Form 6500-T, IPC Service Delivery Transfer Worksheet

BOTH

- Form 8605, Documentation of Completion of Purchase

CLASS and DBMD Updated Forms (cont.)



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We will be sending out
GovDelivery notifications
as these forms are updated.

DBMD Region 1 Providers Needed



[DBMD Program](#)

[HHS Regional Map](#)





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Thank You

Questions? Contact us at:

CLASS: CLASSPolicy@hhs.texas.gov

DBMD: DBMDPolicy@hhs.texas.gov



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Fair Hearing Process: Proposed CLASS Termination due to Loss of Financial Eligibility

Lisa Briceno

Fair Hearings Coordinator

IDD, Program Eligibility & Support

Fair Hearing Process



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Topics

- CLASS loss of financial eligibility (FE)
- Appeal request time limits
- Fair hearing communication rules
- Evidence packets
- Hearing Officer decisions
- Post-appeal process
- Resources

Fair Hearing Process

The Fair Hearings process begins when adverse actions are taken by HHSC.

- Denial of CLASS Enrollment (e.g. ID/RC)
- Suspension
- Termination
- **Notice of CLASS Proposed Termination due to loss of FE**



Fair Hearing Process

(Termination and Appeal Request)

Notice of Proposed Termination and Appeal Request

- Every month notices are sent to CMA's with appeal rights
 - CMA's are also responsible for monthly monitoring of Medicaid eligibility and must notify HHSC if FE is lost.
- The CMA notifies the person/LAR, DSA and FMSA, if applicable.
- If the person/LAR wants to appeal the proposed termination of CLASS program services, then CMA sends the signed appeal request and the Fair Hearing Request Summary (Form 4800D) to IDD PES via pesfairhearingnotifications@hhs.Texas.gov, IDD Operations Portal, or fax (512-438-5693)



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Fair Hearing Process

- Appealing the loss of Medicaid eligibility is a separate process.
- The loss of Medicaid eligibility can be appealed by following the directions on the notice of the end of Medicaid eligibility.



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Fair Hearing Process

Time Frames for Appeal Requests

- There is a 90-day window to request a fair hearing.
- Requests received after 90 days are reviewed by the Hearings Office for good cause.
- Currently authorized CLASS Program services may continue through the appeal process if the appeal request is received on or before the 10th day of the Notice of Proposed Termination date.



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Fair Hearing Process

Ex-Parte Communication

- HHSC employees and the fair hearings officer are not allowed to communicate in any way with the individual or their representatives/witnesses after the request for fair hearing has been received.
 - HHSC will not accept any documents or additional information regarding the appeal outside of the hearing.



Fair Hearing Process

(cont.)

Ex-Parte Communication (cont.)

The Hearing Officer is prohibited from engaging in ex-parte (private) communication relating to matters to be adjudicated.

- Any information considered by the Hearing Officer in deciding the appeal must be shared with the appellant and/or their authorized representative
- Ex-parte consultations, whether oral or written, about the issues of the appeal are allowed only if they are shared with all parties

1 TAC, Part 15, Chapter 357, Subchapter A, Rule 357.5(c)(1)



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Fair Hearing Process

(cont.)

Ex-Parte Communication (cont.)

Examples of communication which would be allowed under federal rules include:

- Providers or individuals may contact HHSC employees to request a mailing address to send the evidence packet
- Providers may ask if the request for a fair hearing was received
- Providers may ask for the date/time of the fair hearing or for the hearing officer's contact information.



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Fair Hearing Process

Evidence Packet – IDD PES

- The appellant and/or authorized representative evidence packet(s) consists of information supporting the adverse action by the agency.
- Evidence packets may include, but are not limited to:
 - Notices sent
 - TAC rules regarding CLASS eligibility & termination due to loss of financial eligibility
 - Appendix B-4
 - Any additional information supporting why the agency took the adverse action
 - *Medicaid notice of end of eligibility*

Note: Appellant and/or authorized representative has the right to submit any documentation that may assist in the hearing's outcome.



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Fair Hearing Process

Hearing

Evidence Packets – Hearings Office

- Form H4803 Notice of Hearing which includes:
 - The scheduled date and time of the hearing
 - The phone number and code needed for hearing.
 - The hearing officer's contact information
- Form H4805 Fair Hearing Procedures
- Form H4806 Request Another Appointment – Request to Withdraw
- Form H4800 Fair Hearing Request Summary

Note: *The appellant or authorized representative must call the phone number and use the code provided to participate in the hearing. Appellant failure to call into the hearing will result in dismissal.*



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Fair Hearing Process

Time Frames – Hearing Officer

- Hearings Officer has 90 days from the date the appeal request is received by the agency to issue a decision based exclusively on testimony and evidence introduced at the hearing.
- Decisions by Hearings Officer include:
 - Dismissals
 - Withdrawals
 - Sustained
 - Reversals



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Fair Hearing Process

Time Frames – Appellant (post appeal)

- Appellant or authorized representative has 30 days from the hearing decision date to request an administrative review (when the appellant or authorized representative does not agree with the Hearings Officer's decision).
- If appellant or authorized representative does not agree with the administrative review decision, they can request a judicial review with the courts in Travis County within 30 days of the date of the administrative review decision.



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Fair Hearings Resources

Section 1000 Fair Hearings

<https://hhs.texas.gov/laws-regulations/handbooks/ffhh/section-1000-fair-hearings>

Fair Hearings TAC (Title 1, Part 15, Chapter 357, Subchapter A)

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=166787&p_tloc=&p_ploc=1&pg=8&p_tac=&ti=1&pt=15&ch=357&rl=11](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=T&app=9&p_dir=N&p_rloc=166787&p_tloc=&p_ploc=1&pg=8&p_tac=&ti=1&pt=15&ch=357&rl=11)



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Thank you

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Pesfairhearingnotifications@hhs.texas.gov



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Electronic Visit Verification (EVV)

Alejandro (Alex) Nicolas
Contract Specialist
HHSC EVV Operations

Agenda



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- EVV Policy Handbook updates
- Best Practices to Avoid EVV Claim Mismatches
- EVV Compliance
- EVV System Information & Reminders
- Contact Information & Resources



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EVV Policy Handbook Updates

September 2024 EVV Policy Handbook Revisions



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Effective Sept. 12, 2024, stand-alone PDF policies were incorporated into the handbook:

- Alternative Device Policies effective Oct. 1, 2023
(Now [Section 7040 – Alternative Device](#))
- Reason Codes, Bill Time In and Bill Time Out, and Bill Hours Policies effective Oct. 1, 2023
(Now Sections [8000 Calculation of Bill Hours](#), [8010 Bill Time In and Bill Time Out](#), [8030 Bill Hours](#), [10000 Reason Codes](#))
- Increase in Geo-Perimeter for Mobile Method effective April 1, 2024 (Now [Section 7020 – Mobile Method](#))

Terminology Changes – EVV System Related



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The EVV Policy Handbook was updated universally to reflect the EVV vendor contract change from two EVV vendors to one:

- EVV vendor changed to **state provided EVV system vendor**
- EVV vendor system changed to **state provided EVV system**
- **EVV proprietary system vendor** term added
- **EVV Proprietary System Operator (PSO) definition revised:** A program provider or FMSA that **has been approved to use** an HHSC-approved EVV proprietary system
- Language updated to indicate Texas Medicaid & Healthcare Partnership (TMHP) is responsible for managing all EVV system vendors and conducting Operational Readiness Reviews (ORRs)

Future EVV Policy Handbook Revisions

EVV Alternative Device Reduction Schedule Beginning Sept. 1, 2025

- To enhance program integrity, the Texas Health and Human Services Commission is reducing the use of alternative devices as an approved method to clock in and clock out of for Electronic Visit Verification (EVV) required services. The phased reduction will begin Sept. 1, 2025, and end on Sept. 1, 2028.
- By Sept. 1, 2028, program providers, financial management services agencies (FMSAs), including those approved as an EVV Proprietary System Operator (PSO), and Consumer Directed Services (CDS) employers, must limit the use of alternative devices for visit transactions to a maximum of 5% of their total visit transactions.



Future EVV Policy Handbook Revisions



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EVV Alternative Device Reduction Schedule Beginning Sept. 1, 2025

The reductions will be made on the following schedule:

Allowable percent of EVV transactions under Alternative Devices?

Fiscal Year	Begin Date	End Date	Allowable Percent of EVV Transactions
2026	Sept. 1, 2025	Aug. 31, 2026	75%
2027	Sept. 1, 2026	Aug. 31, 2027	50%
2028	Sept. 1, 2027	Aug. 31, 2028	25%
2029	Sept. 1, 2028	Forward	5%



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Best Practices to Avoid Electronic Visit Verification (EVV) Claim Mismatches

Best Practice #1



- Check the EVV Portal to ensure the EVV visit transaction was accepted before submitting the EVV claim to TMHP.
- Use the Accepted Visit Search tab or the Visit History Search tab. If the EVV visit transaction was rejected, make corrections to it. Refer to the [EVV Visit Transaction Rejection Guide](#) if you need help.

Visit History Search Results													
Visit ID	Visit Status	Visit Date	Medicaid ID	Member Last Name	HCPCS	Modifier(s)	Rejection Code	Updated Fields	Aggregator Received Date	Visit Indicator	NPI/API	Payer Name	EVV System Name
1234567890123	Accepted	06/30/2020	512345678	Last Name	T2026				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/28/2020	512345678	Last Name	G0100				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/28/2020	512345678	Last Name	G0100				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Rejected	06/28/2020	512345678	Last Name	T2026		Ex00049C2		07/30/2020 09:42 AM	UPDATED	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/26/2020	512345678	Last Name	T2026				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/24/2020	512345678	Last Name	T2026				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name
1234567890123	Accepted	06/23/2020	512345678	Last Name	T2026				07/30/2020 09:33 AM	NEW	1234567890	Long Term Care (LTC)	System Name

Best Practice #2



Determine the billing options of your payer regarding span date/single line billing before submitting the EVV claim and follow the guidelines of your payer.

Verify:	Example:
Each date of service within the span of dates must have one or more matching accepted EVV visit transactions.	If the span dates are from Jan. 1, 2024 – Jan. 15, 2024, then there must be at least one accepted EVV visit transaction for each of the dates (Jan. 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15.)
The total billed units on the EVV claim line item must match the combined total billable units on the accepted EVV visit transactions for the span of dates, if applicable.	If the EVV claim line item has 40 billed units, then the accepted EVV transactions for the associated dates of service must have a combined total of 40 billable units.

Best Practice #3



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Refer to the EVV Service Bill Codes Tables on the HHSC EVV webpage for current billing codes and details for EVV-required services before submitting the EVV claim.

- Personal Care Services Required to Use EVV: [EVV PCS Service Bill Codes Table \(Excel\)](#)
- Home Health Care Services Required to Use EVV: [EVV HHCS Service Bill Codes Table \(Excel\)](#)

Best Practice #4



Ensure the data elements on the accepted EVV visit transaction match the data elements on the EVV claim before submitting the EVV claim.

NPI/API	Provider Legal Name	Medicaid ID	Member Last Name	Visit Date	Billable Units	HCPCS Code	Modifier(s)	EVV Service Provider ID
1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/02/2022	9.00	S5125	U3:U7	1234SMITH
1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	10.00	S5125	U3:U7	1234SMITH
1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	16.00	S5125	U5	1234SMITH
1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/01/2022	29.00	S5125	U5	1234SMITH
1234567890	EXAMPLE PROVIDER	123123123	LAST NAME	10/03/2022	12.00	S5125	U5	1234SMITH

Best Practice #5



After submitting the EVV claim to TMHP, use the EVV Claim Search tab in the EVV Portal to check the match results of the EVV claim matching process.

Showing 1 to 10 of 25 entries Show 10 entries

TMHP Claim ID/ECN [1]	TMHP Service Line Item	Other Claim ID/ECN [2]	Claim Match Result [3]	Informational M
123456789012345	2		EVV01 - EVV Match	
123456789012345	3		EVV01 - EVV Match	
123456789012345	4		EVV01 - EVV Match	
123456789012345	5		EVV01 - EVV Match	
123456789012345	6		EVV01 - EVV Match	
123456789012345	2		EVV01 - EVV Match	
123456789012345	3		EVV01 - EVV Match	
123456789012345	4		EVV01 - EVV Match	
123456789012345	5		EVV01 - EVV Match	
123456789012345	6		EVV01 - EVV Match	

Claim Match Result [3]

- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match
- EVV01 - EVV Match

Medicaid ID	Member Last Name	HCPCS	Modifier(s)	Claim Units	NPI/API	Service Provider ID[5]	Payer Name	Member ZIP Code	Provider ZIP Code
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	10.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	8.00	1234567890	1234SMITH	Payer (PVR)	76137	75495
123451234	SMITH	T1234	TE:U1	10.00	1234567890	1234SMITH	Payer (PVR)	76137	75495

Previous 1 2 3 Next

Best Practice #6



Review the explanation of benefits (EOB), explanation of payment (EOP) from your payer, or the Remittance and Status (R&S) Report in the TMHP Claims Management System for final claim adjudication (approval or denial) and take appropriate action if the EVV claim was denied for an EVV mismatch.

- If the error is on the EVV visit it in the EVV system and ensure it's exported. Check the EVV Portal to ensure the corrected visit transaction is accepted before resubmitting the EVV claim to TMHP.
- If the error is on the EVV claim, correct the EVV claim and resubmit it to TMHP.

HHSC Training Resources to Help Avoid EVV Claim Mismatches



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When submitting EVV claims for HCS or TxHmL services:

- [HCS and TxHmL Best Practices to Avoid EVV Claim Mismatches \(PDF\)](#)
- [HCS and TxHmL Best Practices to Avoid EVV Claim Mismatches \(Video\)](#)

When submitting EVV claims for other EVV-required services (not HCS and TxHmL):

- [Best Practices to Avoid EVV Claim Mismatches \(PDF\)](#)
- [Best Practices to Avoid EVV Claim Mismatches \(Video\)](#)



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EVV Compliance

EVV Compliance Requirements



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EVV Usage

Use the EVV system and meet the minimum EVV Usage Score (**80%** each state fiscal year quarter)

[12000, Usage](#)

EVV Landline Phone Verification

Make sure a valid phone type is used.

[7030 Home Phone Landline](#)

EVV Compliance Reviews Grace Periods



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Personal Care Services:

- July 1, 2023 – Dec. 31, 2024

Home Health Care Services:

- Jan. 1 – Dec. 31, 2024

[Compliance Reviews Grace Period
Ends Dec. 31](#)

A hand holding a blue marker, writing the word 'COMPLIANCE' in large, blue, capital letters on a whiteboard. The word is underlined with a blue line.

COMPLIANCE

The grace period applies to:

- EVV Usage Reviews
- EVV Landline Phone
Verification Reviews

Reminder: HHSC discontinued free text reviews effective Aug. 1, 2023.

Payers Must Do Their Due Diligence Before Enforcing Action



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Payers must make sure failure to meet and maintain the compliance score was not because of:

- Payer errors such as late Authorizations or missing/incorrect HCPCS, Modifiers, Service Group or Service Codes
- FMISA administrative errors
- A system outage, defect or issue related to the EVV Aggregator, EVV Portal, or the EVV System
- Natural disasters

[11010 EVV Usage Reviews](#)

Reports Used to Conduct Compliance



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EVV Usage

- EVV Usage Report
- EVV CDS Employer Usage Report

Location: EVV Portal

Refer to the [**TMHP EVV Portal Job Aids**](#) for instructions on how to run reports in the EVV Portal.

EVV Landline Phone Verification

- EVV Landline Phone Verification Report

Location: EVV System

Contact your EVV system vendor for instructions on how to run the EVV Landline Phone Verification Report.

Example EVV Usage Report: Program Provider



EVVUSG2019v2.0

EVV Usage Report

Filters :: [Fiscal Year: 2024] :: [Quarterly Range: Mar - May] :: [NPI/API:] :: [Payer Name: LTC] :: [Service Delivery Option: All]

Payer: Long Term Care (LTC)

EVV Usage Summary

EVV System Name	Total Providers Identified	Provider count that met the EVV Usage Score	Provider count that did not meet the EVV Usage Score
System X	3	3	0

EVV Usage Details

Provider Name	Provider 1	NPI/API	1234567890
TIN	999999999	Provider Number	111111111
EVV System Name	System X		
EVV Usage Score: 92%			

Total Accepted Visit Transactions	Total Manual Visit Transactions	Total Electronic Visit Transactions	Electronic Visit Transactions Percentage	Manual EVV Visit Transaction Score
5966	766	5200	87.16%	52.3%

Total Exported Visit Transactions	Rejected Visit Transactions	Non-Rejected Visit Transactions	Non-Rejected Visit Transactions Percentage	Rejected EVV Visit Transaction Score
6358	74	6284	98.84%	39.54%

Example EVV Usage Report: FMMSA



EVVUSG2019v2.0

EVV Usage Report

Filters :: [Fiscal Year: 2021] :: [Quarterly Range: Mar - May] :: [NPI/API: 1234567890] :: [Service Delivery Option: CDS] :: [EVV Implementation Group: Cures Act Personal Care Services (2021)] :: [FMMSA: Yes]

Payer: PayerName

EVV Usage Summary

EVV System Name	Total FMMSA Identified	FMMSA count that met the EVV Usage Score	FMMSA count that did not meet the EVV Usage Score
Vendor1	1	0	1

EVV Usage Details

FMMSA Name	FMMSA XYZ	NPI/API	1234567890
TIN	098765432	Provider Number	
EVV System Name	Vendor1		

EVV Usage Score: 43%

Total Exported Visit Transactions	Rejected Visit Transactions	Non-Rejected Visit Transactions	EVV Usage Score
58	33	25	43%

Example EVV Landline Phone Verification Report



Allowable:

- Landline
- Fixed VOIP

Unallowable:

- Mobile
- Prepaid
- Non-fixed VOIP



EVV Landline Phone Verification

Visit Date From: 5/1/2024		Visit Date To: 5/31/2024							
Payer(s): All			CDS Employer: All			Provider: All			
Member ID	Member First Name	Member Last Name	Phone Number	Listed Phone Type	Listed Carrier	Month	NPI/API	Provider Name	Payer
000000000	JANE	SMITH	2223334444	MOBILE	AT&T Wireless	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	MOBILE	T-Mobile USA, Inc.	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	LANDLINE	Time Warner Communications	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	PREPAID	Cricket Wireless - ATT - SVR	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	VOIP	Time Warner Communications	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	MOBILE	Verizon Wireless	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	LANDLINE	Smartcom Telephone, LLC	May-2024	9999999999	PROVIDER NAME, LTD	HHSC
000000000	JANE	SMITH	2223334444	MOBILE	T-Mobile USA, Inc.	May-2024	9999999999	PROVIDER NAME, LTD	HHSC

Tips to Stay in Compliance (EVV Usage)



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Ensure service providers use EVV methods to clock in and clock out, since this:

- Captures visit data electronically in the EVV system.
- Prevents manual entry of visit data in the EVV system.
- Helps ensure the minimum EVV Usage Score is met.



Tips to Stay in Compliance EVV Usage (cont.)



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Avoid EVV Visit Transaction Rejections

- Make sure the authorization, eligibility, and member information is correct, and no data is missing
- Use the appropriate HCPCS and modifier combinations in the [EVV Service Bill Codes tables](#)
- Make sure the identification and visit data in the EVV system is correct; if not, resolve this before the visit exports to the EVV Aggregator

Monitor your EVV Usage Score in the EVV Usage Report

- If it's below 80%, determine why and take action to raise the score.

Tips to Stay in Compliance (EVV Landline Phone Verification)



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- Do not enter an unallowable landline phone type into the EVV system as the member's home phone landline.
- Ensure the landline phone number listed in the member's profile is current.
- Monitor the EVV Landline Phone Verification Report.
- Make sure the service provider clocks in and out using an allowable phone type.





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EVV System Information and Reminders

Update on PSO Operational Readiness Review (ORR) Sessions



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2025 Schedule

- Will publish on the TMHP EVV Proprietary Systems webpage when finalized
- Complete and submit an EVV Proprietary System Request Form in the EVV Portal if you're interested in becoming a PSO.



- [TMHP EVV Proprietary Systems](#)
- [EVV Proprietary Systems Approved by HHSC](#)

EVV Reason Codes Effective Oct. 1, 2023



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- Current Reason Codes:
[EVV Reason Codes Effective Oct. 1, 2023 \(PDF\)](#)
- New Reason Code training resource: [EVV: When to Use Reason Code Numbers and Descriptions Effective Oct. 1, 2023](#)

Reason Code Example 1

The service authorization was delayed by the payer. Service Provider Donna provided EVV services to the member, Mr. Lee, knowing that the authorization was in process but delayed.

- Eligibility or Service Authorization Exception – 120
- B-Services provided without authorization



System Outage Reminder

- [EVV Reminder Related to EVV System Outages](#)
- If a system issue prevented clock in and clock out, you must enter a manual visit.
- CrowdStrike Global IT issue July 19, 2024
- Nationwide Verizon Outage Sept. 30, 2024

Reason Code Example 2

Service Provider Dante received an error message when he tried to clock in and clock out using the mobile application on July 19th, 2024.

- No Electronic Clock In or Clock Out-210
- J – EVV System Down

Severe Weather Reminder



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- [Clarification Update: EVV Policy Reminder for Severe Weather](#)
- If an EVV clock in and clock out method wasn't available due to severe weather, you must create a manual visit.

Reason Code Example 3

Service Provider Mara couldn't clock in or out with the member's home phone landline because the member's home lost power due to hurricane winds.

- Disaster - 130
- B –Hurricane

Free Text Reminder



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- [Discontinuation of EVV Free Text Reviews](#)
- Effective Aug. 1, 2023
- Missing clock in and clock out times are no longer entered in the free text
- Missing clock in time should be entered in the Bill Time In field
- Missing clock out time should be entered in the Bill Time Out field

Reason Codes that Require Free Text

- No Electronic Clock In or Clock Out – 210
 - I – Emergency
 - Must enter free text to document the nature of the emergency with the member.
- Other – 600
 - Must enter free text to explain why you're using this Reason Code.

Visit Maintenance Unlock Request Reminders



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- Visit maintenance timeframe: **95 days** from the date of service delivery
- After that, the visits are locked in the EVV system and require an approved [Visit Maintenance Unlock Request](#) to perform visit maintenance and make changes.
- Payers approve or deny the VMURs (HHSC and MCOs)
- Refer to the [Visit Maintenance Unlock Request Job Aid for Program Providers and FMSAs \(PDF\)](#) for instructions on how to submit a request.



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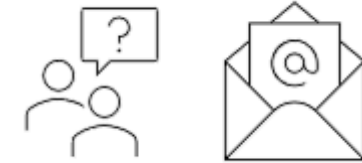
EVV Contact Information and Resources

EVV Contact Information



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- **HHSC EVV mailbox:** EVV@hhs.texas.gov
 - **TMHP EVV mailbox:** EVV@TMHP.com
 - **HHaEXchange:** TXsupport@hhaexchange.com
- Need one-on-one support? Submit a request directly to the Client Support Team through the [Client Support Portal](#) and track the status of your request in real time. Instructions on how to register and submit requests: [Client Support Portal Job Aid \(PDF\)](#)
- **Phone:** 1-833-430-1307
- [Contact Guide for Program Providers and FMSAs \(PDF\)](#)



EVV Websites



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HHSC: [HHSC EVV webpage](#)

- [Sign up to receive EVV email updates](#)
- [HHSC EVV Policy Handbook](#)
- [EVV Policy Handbook Revision Log – September 2024 \(PDF\)](#)
- [EVV Training Resources](#)
- [When to Use Reason Code Numbers and Descriptions \(PDF\)](#)

TMHP: [TMHP EVV webpage](#)

HHaEXchange: [Texas EVV Vendor Information Center](#)



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Thank you

Questions? Email us at:
EVV@hhs.Texas.gov



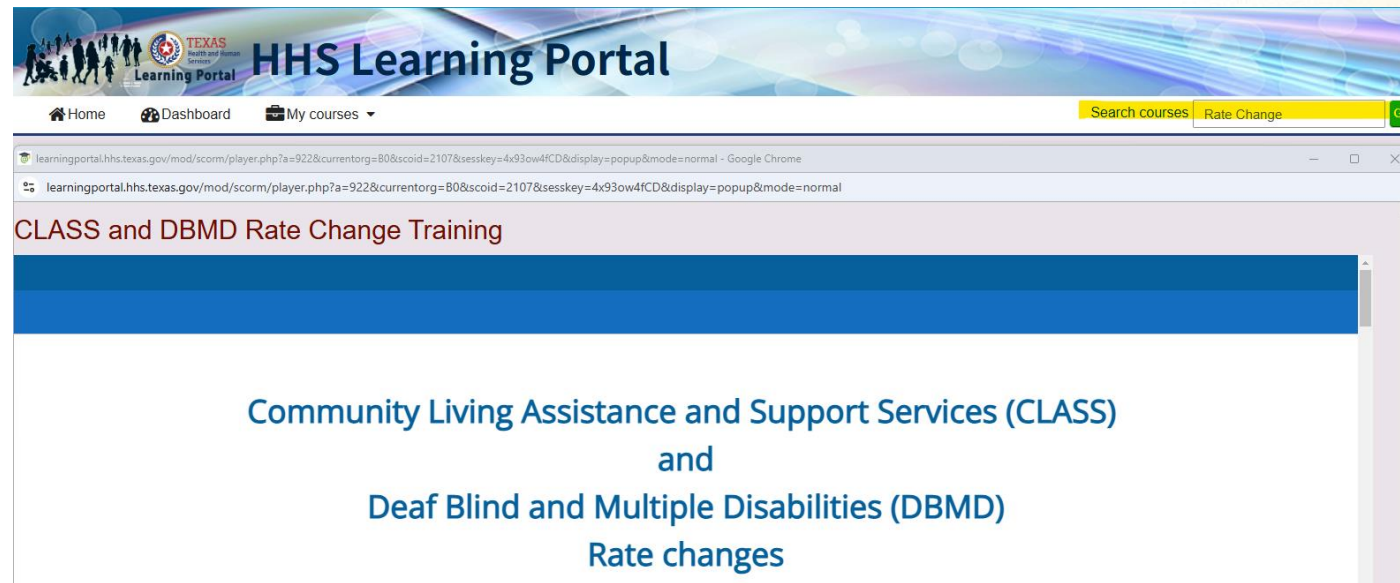
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Rate Change Training

Casey Zwerneman
Manager of Utilization Review
Utilization Review, IDD Waivers

Rate Change Training

Available in the HHS Learning Portal
(<https://learningportal.hhs.texas.gov/>):



The screenshot displays the HHS Learning Portal interface. At the top, there is a navigation bar with 'Home', 'Dashboard', and 'My courses' links. A search bar on the right contains the text 'Rate Change' and a 'Go' button. Below the navigation bar, the browser address bar shows the URL 'learningportal.hhs.texas.gov/mod/scorm/player.php?...' and the page title 'CLASS and DBMD Rate Change Training'. The main content area features a blue header bar and the following text: 'Community Living Assistance and Support Services (CLASS) and Deaf Blind and Multiple Disabilities (DBMD) Rate changes'.



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Error Corrections to IPCs

Patrick Koch
Manager of Utilization Review
Utilization Review, IDD Waivers

IPC Development

- More than 10,000 CLASS and DBMD IPCs are being developed every year.
- A small subset of those IPCs are identified to involve errors caused by the Case Manager (CM) during the Individual Plan of Care (IPC) development phase.
- Those errors involve incorrect vendor numbers, service amounts or service types.



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Validating Service Authorizations

- As soon as HHSC has established a service authorization for any IPC authorization type, all involved CLASS and DBMD providers should use MESAV (Medicaid Eligibility and Service Authorization Verification) functionality in TMHP's (Texas Medicaid & Healthcare Partnership) TexMedConnect application to verify the accuracy of the established service authorizations.



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Validating Service Authorizations

- You find that the service amount (dollars or units) for each individual service code in MESAV matches the corresponding amount on the person's IPC.
AND...
- The service amount is exactly what the person needs to complete the IPC period.



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Validating Service Authorizations

You find that the service amount(s) for all service codes in MESAV match the corresponding amount(s) as documented on the person's IPC, but you realize that the person's IPC is not reflecting sufficient funds/units to meet the needs of the person for the remainder of the IPC period.



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Determine Possible Resolutions

- After you have discovered that insufficient funds/ units have been allocated to meet the persons needs, determine what led to this situation.
 - Information previously unavailable to the Service Planning Team (SPT) process – IPC revision per TAC §259.79 (CLASS) or TAC §260.77 (DBMD)
 - Case Manager not acting on available information – CM error correction



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Error Correction to IPCs

- Convene the SPT (Service Planning Team) to discuss your findings/concerns.
- The SPT may choose to make error corrections to the IPC if the initial service planning effort documents that the SPT intended to propose a different service amount.
- The SPT must perform those error corrections in a timely manner.



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Error Correction to IPCs

- The Case Manager (CM) must use the HHSC approved version of the IPC to perform the error correction.
- Modifications to the IPC must be performed in alignment with TAC §52.109(i)(5).
- A written statement summarizing the action taken must be placed on the last page of the IPC. The statement must include what led to the CM error and how the CM resolved the error.



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Error Correction to IPCs

(Slide 3 of 3)

- All SPT members must initial and date each modification performed on the IPC, IPP, CFC PAS/Hab plan or any other document involved.
- Record(s) evidencing that the SPT intended to propose a different services amount must be included.
- The IPC packet including all applicable documentation must be submitted to HHSC UR via Fax (512-438-5135) or via mail to:

HHSC
Mail Code W-521
701 W 51st St.
Austin, TX 78751



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Reasons for Remands

- Changes in values / mark throughs are not performed according to TAC §52.109(i)(5).
- The Case Manager did not notate an error correction statement on the last page of the IPC.
- All signatories involved with a specific document must acknowledge all the performed corrections.
- Missing documents or IPC submission not meeting the submission standards for the IPC type.
- The error identified by the SPT can not be addressed per Case Manager error correction process.



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Withdrawal from IPC Submission Cancellations of IPC

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Manager of Utilization Review
Utilization Review, IDD Waivers

Withdrawal from IPC Submission

If during a pending IPC authorization process the SPT reaches a point where the SPT chooses to withdraw the IPC in question, the CM must:

- Submit a written document expressing the wish to withdraw the IPC submission.
- The document must clearly identify the specific IPC submission (Medicaid #, IPC effective date, IDD operations portal packet #)
- Document awareness and agreement of all SPT members with the proposed IPC withdrawal.



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Cancellations of IPC

If an SPT finds that an IPC was proposed in error and the established services are not required to meet a person's needs, the SPT should consider an IPC revision per TAC §259.79 (CLASS) or TAC §260.77 (DBMD).

If the SPT determines that an IPC revision is not a viable option, the CM must:

- Outline in writing why an IPC revision has not been pursued.
- Submit written documentation expressing the wish to cancel an IPC submission.
- The document must clearly identify the specific IPC submission (Medicaid #, IPC effective date, IDD operations portal packet #)
- Document awareness and agreement of all SPT members with the proposed IPC cancellation.



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Thank you

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