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CLASS and DBMID Quarterly Webinar

March 5, 2021

Agenda

- General Updates to CLASS and DBMD
- CAPM: Monitoring reviews via desk review
- PES: Form 3625, IDD Operations Portal, Authorization confirmations, Common remand reasons, Medicaid
- UR: Medicaid
- EVV: EVV Overview, Update Reminder, Recent EVV Updates Posted, Trainings, Grace Period, Rounding Rules, EVV and Transportation, Frequently Asked Questions, Resources





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Program Updates and Information

Rachael Wallace, *CLASS Program Specialist*

Rachel Perez, *DBMD Program Specialist*

Long Term Services and Supports

Topic

- New DBMD Program Specialist, Rachel Perez
- IL 2021-03, COVID-19 CLASS and DBMD Interest List Reduction Slot Releases Replaces IL 2020-26 (replaces IL 20-26)
- Transportation in CLASS and DBMD
- Extended Public Health Emergency (PHE)
- Medicaid Loss & PHE
- CPR alert
- HCSSA Webinars



DBMD – Rachel Perez

- New DBMD Policy Specialist Rachel Perez!
- Rachel started on January 4, 2021
- Rachel came to us from HHSC Utilization Review.
- She is a great addition to the team!



IL 2021-03

- [IL 2021-03](#) was sent out via GovDelivery on Jan 15, 2021.
- CLASS pre-enrollment activities can be completed:
 - In-person or telehealth for initial in-home visit, initial ID/RC assessment, nursing assessment and service planning team meeting; and
 - In-person or telehealth/telephone for enrollment individual plan of care (IPC).
- DBMD pre-enrollment activities are required to continue in-person.



IL 2021-03

- Signatures of the individual/LAR on an enrollment IPC, initial ID/RC, or supporting documentation are not required.
- Oral agreement must be obtained from the individual or LAR document the oral agreement in the individual's record.
- Signature of other persons who are required to sign documents must be obtained.



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Transportation in CLASS & DBMD

(Slide 1 of 2)

- Transporting an individual, meaning driving the individual from one location to another, is not a benefit of Community First Choice Personal Assistance Services/Habilitation (CFC PAS/HAB).
- If an individual needs CFC PAS/HAB staff to provide transportation, “transportation-habilitation” and “transportation-residential habilitation” must be identified on the Individual Plan of Care (IPC).



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Transportation in CLASS & DBMD

(Slide 2 of 2)

- FMSAs, Case Management Agencies (CMAs), and Direct Service Agencies (DSAs) must follow rules in the Texas Administrative Code and program handbooks related to transportation.
- Please see [IL 2015-53](#), Providing Transportation in the CLASS and DBMD Waiver Programs, for more detailed instructions on separating transportation services from CFC PAS/HAB.
- As a reminder, transportation is not an EVV-required service.



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Extended PHE

- The PHE was extended from Jan. 21, 2021 for another 90 days.
- HHSC is releasing information pertinent to CLASS and DBMD
- HHSC is not extending the auto-renewal process.
- CLASS and DBMD providers are required to continue to complete SPT meetings currently indicated in [IL 2020-46](#) and [IL 2021-03](#).
- Continue to watch for GovDelivery notifications, Centers for Disease Control and Prevention (CDC) website and Texas Department of State Health Services (DSHS) website.



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Medicaid Loss & PHE

- Starting September 2020, renewal of Medicaid eligibility were conducted and individuals determined eligible received a 12-month certification period.
- Individuals who were no longer eligible, or did not return their renewal packet, received a six-month certification period to ensure continued eligibility until the end of the PHE.
- Once the PHR ends, financial eligibility extensions for individuals who have been determined ineligible during the PHE will end.



Medicaid Loss & PHE

- Case Managers and providers are encouraged to work with families who have not returned their renewal packets and therefore may lose financial eligibility at the end of the PHE.
- CLASS CMAs, DSAs and DBMD providers must monitor Medicaid eligibility for individuals they serve and work together to re-establish loss of financial eligibility.
- CLASS CMAs and DBMD program providers must check the Texas Medicaid Health Partnership (TMHP) MESAV at least monthly, but are encouraged to watch more frequently than usual if the PHE is set to expire.



CPR Alert

- HHSC released an [alert](#) on January 14th about CPR and choking prevention that provides information on how CPR and choking prevention can be completed during the pandemic
- TAC §45.804(b)(1&2) and §42.403(c) and Handbook requires certain direct care staff to complete CPR initially and maintain.
- An in-person evaluation by a qualified instructor is required when completing CPR certification
- The qualified instructor does not have to work for the entity providing the online training.



HCSSA Webinars

- HHSC Long-Term Care Regulatory (LTCR) provides webinars for Home and Community Support Services Agencies (HCSSAs)
- Webinar occurs every other Friday at 11 a.m. Provider attendance is critical to staying current with COVID-19 requirements and guidance.
- [Providers may view previous and upcoming HCSSA webinars here.](#)



Resources

- **Public Health Emergency:**
<https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx>
- **HHSC Coronavirus (COVID-19) Provider Information:**
<https://hhs.texas.gov/services/health/coronavirus-covid-19/coronavirus-covid-19-provider-information>
- **Sign up for GovDelivery notifications:**
https://public.govdelivery.com/accounts/TXHHSC/subscriber/new?topic_id=TXHHSC_247



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Resources

- **Centers for Disease Control and Prevention (CDC) website:**

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- **Texas Department of State Health Services (DSHS) website:**

https://www.dshs.texas.gov/coronavirus/?gclid=EAIaIQobChMI3rSCz9qb7gIV0sDACH2Vmw8jEAAYA SAAEgL2OPD_BwE



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Desk Reviews: Formal and Intermittent Monitoring

Cynthia Villarreal, *Program Specialist VI*

Contract Administration & Provider Monitoring

Notification Process

(Slide 1 of 4)

The following documents will be included in the monitoring review notification:

- Form 5988 – Notification of Upcoming Monitoring Review
- Form 5988A – Notification of Upcoming Monitoring Review Addendum
- Form 2151 – Sample List
- Desk Review Addendum
- File Naming Conventions
- SFTP Process for Provider Agencies



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Notification Process

(Slide 2 of 4)

Monitoring review samples are randomly generated and based on the total number of individuals served under a contract.

- **Sample Selection**

- **CLASS:** 5% of the total census with a minimum of 4 individuals
- **DBMD:** a minimum of 4 individuals for contracts that serve 21 or less individuals
- **DBMD:** a minimum of 5 individuals for contracts that serve 22 or more individuals

In CLASS and DBMD, when a contractor is serving 4 or less individuals, all will be included in the sample.



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Notification Process

(Slide 3 of 4)

Notification timeframes are based on the sample size for the monitoring review.

Samples of 5 or more individuals:

- Notifications (Form 5988) are sent 21 calendar days prior to the start of the monitoring review
- Sample Lists (Form 2151) are sent 10 business days prior to the start of the monitoring review

Samples of 4 or less individuals:

- Notifications (Form 5988) and Sample Lists (Form 2151) are sent together 10 business days prior to the start of the monitoring review



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Notification Process

(Slide 4 of 4)

- Notification letters are submitted via e-mail to the signature authority or their designee.
- All sample lists contain Protected Health Information (PHI) and are submitted via secure e-mail.

Information detailing the process for viewing a HHSC encrypted e-mail can be found here:

<https://hhs.texas.gov/about-hhs/find-us/email-encryption>



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Entrance/Exit Conferences

Entrance and Exit Conferences will be conducted via teleconference or Microsoft Teams.

- If you choose a Microsoft Teams conference, the HHSC compliance monitor conducting your review will send all participants a calendar invite that will include a link to the Teams meeting.
- Once the conference has concluded, the HHSC compliance monitor will send a copy of the conference form via e-mail to the signature authority or their designee.
 - All participants will be asked to sign a roster and the signature authority or designee will submit other applicable signatures as requested.



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Conducting the Review

- Submitted files will be reviewed for compliance
- Additional documentation will be requested via Form 2033.
 - CLASS and DBMD agency staff will have 24 hours to provide the requested documentation
- The compliance monitor will be available for questions during normal business hours throughout the monitoring review
- HHSC staff will try to conduct the review within a set number of days but the length of the review may be extended as necessary to accurately review all provided documentation.



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SFTP Access & File Uploads

How will HHSC staff receive the documentation for review?

- CLASS and DBMD agencies will be granted access to a Secure File Transfer Protocol (SFTP) folder, which will allow the agencies to securely share electronic records with HHSC.
- Temporary access is granted at the time of notification, but monitoring staff are working to ensure that all legal entities are given the opportunity to sign up for permanent access to a SFTP folder.



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SFTP Access & File Uploads (Slide 2)

Temporary versus Permanent

- **Temporary access** includes use of a generic SFTP folder and a randomly generated password issued by HHSC monitoring staff.
 - Temporary passwords cannot be changed by the CLASS or DBMD service provider and once the monitoring review has concluded, access will be removed
- **Permanent access** includes full-time use to a folder issued to the legal entity's contract number.
 - Agency staff will have their own unique username and password.
 - Access will only be removed if the staff leaves the entity or the contract ends



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SFTP Access & File Uploads

(Slide 3)

Getting Started

- To begin the access request process, CLASS and DBMD agency staff must first be granted access to the HHSC Enterprise Portal
- Once a username and password is received, agency staff will then request access to their legal entity's SFPT folder.
 - Administrative staff that have access to multiple contracts within their legal entity must request access for each contract



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SFTP Access & File Uploads

(Slide 4

of 7)

Getting Started

- Administrators or Program Directors must provide the HHSC monitoring team with a list of agency staff who should be granted access to a folder based on their role within the legal entity.
- This is accomplished by completing the SFTP **Staff Access Log**



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SFTP Access & File Uploads

The process for uploading electronic files to a SFTP folder is the same for both temporary and permanent access users.

- First, CLASS and DBMD agency staff should review the **Desk Review Addendum** to determine which files are being requested
- Next, CLASS and DBMD agency staff should label the documents to be uploaded based on the information provided in the **File Naming Conventions** document
- Finally, CLASS and DBMD agency staff will upload the labeled documents to their assigned folder



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SFTP Access & File Uploads

SFTP Information

- Documents can be uploaded or deleted by anyone with access to a folder
- Uploaded documents are available to HHSC staff in real time
- Uploaded documents cannot be opened or downloaded by the legal entity's staff whether access is permanent or temporary
- Once a file has been deleted, it is permanently gone.
 - Deleted files do not go to a recycle bin



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SFTP Access & File Uploads

(Slide 7 of 7)

SFTP Information

- This is a delivery system that replaces the need to fax or send items via secure e-mail
- The SFTP folder is not an authorization system. Files sent are for compliance reviews or complaint investigations only



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Thank you

For questions about the SFTP process contact:

Cynthia.Villarreal@hhs.texas.gov

For all other inquiries contact:

[CAPM CLASS DBMD Monitoring@hhs.texas.gov](mailto:CAPM_CLASS_DBMD_Monitoring@hhs.texas.gov)



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Community Living Assistance and Support Services Program

Edgar Quinteros, *CLASS / CFC Unit Manager*

Magali Perez, *Program Specialist VI*

IDD Program Eligibility and Support

CLASS Enrollment Submitting Documentation of Services Delivered

CMA submits:

- **Partial Assessment** – [Form 3625](#), CLASS/CFC – Documentation of Services Delivered. Form is signed, dated, and returned to provider
- **Submission Type** – Pre-Enrollment Assessment (Partial)



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CLASS Enrollment Submitting Documentation of Services Delivered

CMA submits:

- **Approving Enrollment IPC** – [Form 3621](#), Individual Plan of Care (IPC). Electronic form is signed, dated and returned to provider
 - **Submission Type – Enrollment IPC**
- **Full Assessment** - [Form 3625](#), CLASS/CFC – Documentation of Services Delivered is submitted with authorized Individual Plan of Care (IPC)
 - **Submission Type – Pre-Enrollment Assessment (Full)**



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CLASS Enrollment Submitting Documentation of Services Delivered

DSA submits:

- **Approving ID/RC** – [Form 8578](#), Intellectual Disability/Related Condition Assessment is submitted. Form is signed, dated and returned to provider
 - **Submission Type – Enrollment ID/RC**
- **Full Assessment** - [Form 3625](#), CLASS/CFC – Documentation of Services Delivered is submitted with the authorized Intellectual Disability/Related Condition Assessment
 - **Submission Type – Pre-enrollment Assessment**



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CLASS: Authorized Confirmations

Transfers

- **Transfer IPC** – Form 3621-T PDF is signed, dated and returned to provider via Portal

Terminations

- **Termination IPC** – Termination request PDF is signed, dated and returned to provider via Portal

Note: Transfer and Termination IPCs are returned to provider via fax when these couldn't be submitted via portal



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CLASS ID/RC

Frequent Remand Reasons

- **RCESI** – Incomplete or incorrect (Section C is empty; major life activities do not equal Section 2 Summary)
- **ABL** – Incorrect/missing (field 30)
- Missing Physician signatures or license number
- Missing CLASS Addendum (page 2)
- Medicaid No. on electronic copy and D/RC do not match



CLASS ID/RC (Slide 2 of 3)

Frequent Remand Reasons

- Physician did not attest to the ID/RC PC2
- Only two domain areas met; for related condition LOC must meet at least three (Field 75)
- Contract number is incorrect/missing
- Missing presenting diagnosis
- Primary diagnosis and ICD-10 code do not match (Field 19 and 20)



CLASS ID/RC (Slide 3 of 3)

Frequent Remand Reasons

- Fields 59 and 60 to be left blank for ID/RC PC2
- ABL Assessment Date is incorrect/missing (Field 70)
- RCESI Summary, Section (B)1 on page 2 does not match what is recorded in the separate activities (A-E)
- The summary does not match what is recorded on the ID/RC (Find 75)
- Form 8662: Section 4 (B) 2 is incorrect



IDD Operations Portal (Slide 1 of 3)

Benefits of Portal Usage:

- Secure documentation transmission
- Reduction of emails and faxes
- Check submission status at any time
- Receive status updates on remands and authorizations
- Avoid receiving secure emails



IDD Operations Portal (Slide 2 of 3)

Where Do I Register and Learn How to Use the Portal?

- Complete the Initial Account Setup and register your business with the portal at txhhs.force.com
- Visit <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/idd-operations-portal/idd-operations-portal-resources>



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IDD Operations Portal (Slide 3 of 3)

Where Do I Register and Learn How to Use the Portal?

- IDD Operations Portal [website](#)
- IDD Operations Portal [Flyer](#)
- [IDD Operations Portal User Guide](#)



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Contact Information

IDD PES:

- **Message Line:** 512-438-2484
- **Fax:** 512-438-5135

- **IDD Operations Portal:**
IDD_Ops_Portal@hhs.texas.gov



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CLASS – Terminations to resume

- Certain types of CLASS terminations did not materialize since March 2020 due to Public Health Emergency (PHE) and services were extended until PHE is over.
- We will resume terminations activities soon and providers will be receiving termination notices ([Form 3624](#) – Termination, Reduction or Denial of CLASS)



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CLASS – Terminations to resume

- Providers are encouraged to assist individuals as necessary to maintain Medicaid eligibility – to include sending the pre-certification packet and assisting with Medicaid documentation
- Some individuals may maintain Medicaid eligibility but could lose CLASS services



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Community Living Assistance and Support Services Program

Patrick Koch, Program Supervisor

**IDD Waivers/Community Services/Hospice
Utilization Review**

DBMD – Terminations to resume

During the last 12 months HHSC maintained the Medicaid eligibility status of DBMD individuals so those enrolled in DBMD would not encounter financial ineligibility and be at risk for termination from their DBMD program services.

HHSC will resume Medicaid eligibility determinations.



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DBMD – Terminations to resume

What should a DBMD Provider do?

- Review the Medicaid eligibility status of assigned individuals per Medicaid Eligibility Service Authorization Verification (MESAV);
- If Medicaid loss has been identified, discuss with individual/LAR and Medicaid eligibility worker the cause of eligibility loss and options to reestablish Medicaid eligibility;



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DBMD – Terminations to resume

What should a DBMD Provider do? (cont.)

- Assist individuals with [Medicaid Application \(H1200\)](#) and [MEPD Referral Cover Sheet \(H1746A\)](#) or as appropriate or directed by MEPD for the situation;
- Report loss of Medicaid eligibility to HHSC UR staff (two business days).



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DBMD – Terminations to resume

(1 of 4)

What will HHSC Utilization Review do?

- UR staff will issue DBMD Program Termination and offer the individual/LAR appeal rights.
- Service continuation rights may apply;
- Offer technical assistance involving the termination and appeal process;
- Process the DBMD individual/LAR's request for a informal fair hearing.



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Thank You!

IDD Waivers Utilization Review:

- **Message Line: 512-438-4896**
- **Fax: 512-438-5135**



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Electronic Visit Verification (EVV) Reminders & Updates

Rhonda Chamberlain, *EVV Training Specialist*

HHSC EVV Operations

March 5, 2021

Introduction

This presentation is for program providers who are required to use Health and Human Services Commission (HHSC) Electronic Visit Verification (EVV).

- Community Living Assistance and Support Services (**CLASS**) Waiver
- Deaf Blind with Multiple Disabilities (**DBMD**) Waiver



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What is EVV?

EVV is a computer-based system that electronically documents and verifies service delivery of an EVV visit.

- The EVV system must capture the following data elements:
 - The type of service provided
 - The name of the recipient to whom the service is provided
 - The date and times the provider began and ended the service delivery visit



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What is EVV? (cont.)

- The location, including the address, at which the service was provided
- The name of the individual who provided the service
- Other information the commission determines is necessary to ensure the accurate adjudication of Medicaid claims

Note: Federal law prohibits HHSC or an MCO from paying any EVV claim without an accepted EVV visit transaction.



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Services Required to Use EVV

CLASS and DBMD services provided in the home and in the community by a service attendant that currently require the use of EVV are:

- In-home Respite Services
- Community First Choice (CFC) (Personal Assistance Services (PAS)/Habilitation (HAB))

The [21st Century Cures Act](#) requires EVV for the Consumer Directed Services (CDS) option and the Service Responsibility Option (SRO).



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Where to Find EVV Updates

- EVV updates can be found on the [HHSC EVV website](#) under the News and Alerts section.
- Please be sure to sign up for email notices and alerts for EVV through [GovDelivery.com](#).
- Please be sure to check the [EVV Service Bill Codes Table](#) for updates on billing codes before billing for EVV services.



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Reminders

- TMHP has created the [EVV Visit Transaction Rejection Guide \(PDF\)](#) to help program providers who receive EVV visit transaction rejections in the EVV system.
- Texas EVV requirements do not exempt live-in caregivers.
 - Texas HHSC determines when EVV is required based on the services an individual receives, regardless of who delivers the service.

To learn more about how Texas EVV requirements do not exempt live-in caregivers, please see the [21st Century Cures Act webpage](#).



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Recent Updates (Slide 1 of 11)

January 25, 2021: HHSC has issued [Guidance Related to the DataLogic/Vesta Electronic Visit Verification System Outage from Dec. 5, 2020 to Dec. 10, 2020 \(PDF\)](#) to program providers, financial management services agencies (FMSAs) and consumer directed services (CDS) employers impacted by the outage.



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Recent Updates (Slide 2 of 11)

- The guidance includes information about:
 - Visit entry and reason codes
 - Claims
 - Recoupments
 - EVV compliance oversight
 - The guidance is also available on the [HHS EVV webpage](#).



Recent Updates (Slide 3 of 11)

January 25, 2021: New EVV TAC Rules

- HHSC has adopted new EVV rules in [Texas Administrative Code, Title 1, Chapter 354, Subchapter O](#).
- The new rules are effective Dec. 23, 2020.
- The new rules implement federal and state requirements for the Texas EVV system and remove rules that are no longer necessary from TAC under the Department of Aging and Disability Services.



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Recent Updates (Slide 4 of 11)

Jan. 22, 2021: **(CLASS Only)** EVV Compliance Oversight Reviews Delayed for EVV Usage and Misuse of EVV Reason Codes

- MCOs are delaying reviews for EVV usage and misuse of EVV reason codes for dates of service on and after 9/1/2020.
- HHSC will tell MCOs when they can begin these reviews for dates of service on and after 9/1/20, and will send a notice to program providers letting them know ahead of time.



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Recent Updates (Slide 5 of 11)

Jan. 21, 2021-GovDelivery Notice: EVV Portal and Training Updates for January

- On Jan. 14, Texas Medicaid & Healthcare Partnership (TMHP) made improvements to the EVV Portal by updating the EVV Reason Code Usage and Free Text Report and updated the related training materials.
- Read the TMHP article [EVV Portal Improvements and Training Updates](#) for details.



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Recent Updates (Slide 6 of 11)

- **Feb. 5, 2021:** [180 Day & 90 Day Visit Maintenance Temporary Policy](#) (PDF) effective Jan. 1, 2021.

Program	Dates of Service	Visit Maintenance Timeframe
CLASS	Jan. 1, 2021 – Mar. 31, 2021	180 days
	April 1, 2021 – June 30, 2021	90 days
DBMD	Jan. 1, 2021 – Mar. 31, 2021	180 days
	April 1, 2021 – June 30, 2021	90 days



Recent Updates (Slide 7 of 11)

December 29, 2020: EVV Claims Matching Update for **CLASS** CFC PAS/HAB

- On Jan. 1, 2021, CLASS direct service agencies submitting claims for CFC PAS/HAB services must ensure an EVV visit transaction that supports the EVV claim is accepted into the EVV Portal before the EVV claim is submitted, or the claim will be denied.
- Direct Service Agencies (DSAs) can follow the [Best Practices to Avoid EVV Claim Mismatches \(PDF\)](#) to ensure an EVV claim is entered correctly.



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Recent Updates (Slide 8 of 11)

Dec. 23, 2020: Dec. 23 Updates on DataLogic Vesta EVV System Outage

- DataLogic, TMHP, and HHSC are developing technical assistance and guidance to help reduce administrative burden to Vesta users for EVV visits that occurred during the Vesta EVV system outage Dec. 5-10, 2020.
- Vesta users can refer to:
 - The [Vesta EVV website](#) for FAQs and updates on the outage.
 - [DataLogic's Vesta EVV System Outage Impacts article](#) for updates about the impact to EVV claim submissions and the EVV Portal.



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Recent Updates (Slide 9 of 11)

Dec. 18, 2020: Cures Act EVV: Preparing for Jan. 1, 2021 Implementation

- Reviews steps program providers must take before Jan. 1, 2021 and has links to EVV resources and policy.

Note: If you have not onboarded with an EVV system yet, please refer to this update for guidance.



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Recent Updates (Slide 10 of 11)

Dec. 11, 2020: EVV Portal and Training Updates for December

- On Dec. 10, TMHP made improvements to the EVV Portal and updated the related training materials.
- For more information, [read the TMHP article EVV Portal Improvements and Training Updates.](#)



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Recent Updates (Slide 11 of 11)

Dec. 3, 2020: EVV Policy Updates Effective Dec. 1, 2020

- The revised EVV Reason Code policy describes the requirements for using reason codes when completing visit maintenance in the EVV system.
- The revised EVV Reports policy includes the EVV Claim Match Reconciliation Report in the EVV Portal and the additional standard reports in the EVV system:
 - EVV Attendant History Report
 - EVV Clock In/Clock Out Usage Report
 - EVV Reason Code Usage and Free Text Report
 - EVV Units of Service Summary Report



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EVV Training

There are three required EVV trainings to take:

- 1. EVV System:** Visit your EVV vendor website or contact your proprietary system operator (PSO).
- 2. EVV Policy:** Visit the HHSC or MCO EVV website. Access the [HHSC Learning Portal](#) then create an account.
- 3. EVV Portal Training:** Access the [TMHP Learning Management System](#) (LMS) and create an account.

Note: Refer to the EVV training checklist located under the training tab on the HHSC EVV website.



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HHSC EVV Policy Training

All Fall EVV Policy Training Webinar recordings are now posted on the [HHS Learning Portal](#).

- Initial EVV Policy Training Webinar Recording for CLASS/DBMD Program Providers
- Webinar Q&As are located under training webinar resources

Please see: [EVV Training Materials and Resources](#)



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TMHP Training Webpage (Slide 1 of 2)

TMHP EVV Training Webpage:

<https://www.tmhp.com/topics/evv/evv-training>

- **Quick Reference Guides (QRGs)**
 - EVV Claim Match Result Code EVV06: Units Mismatch
 - EVV Visit Details: Field Descriptions
 - EVV Visit Transaction Rejection Guide



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TMHP Training Webpage (Slide 2 of 2)

TMHP EVV Training Webpage:

<https://www.tmhp.com/topics/evv/evv-training>

- **EVV Portal Standard Reports and Search Tools Job Aid for Program Providers**
 - How to get started on the EVV Portal
 - EVV Reports
 - EVV Portal Search Tools



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EVV Compliance Oversight Reviews DBMD Grace Period

The EVV usage compliance grace period for **DBMD program providers** is Jan. 1, 2021 to Dec. 31, 2021.

- During the EVV Compliance Oversight Review grace period, program providers are required to:
 - Use the EVV system.
 - Complete visit maintenance before billing the EVV claim line item.
 - Train/re-train staff on how to use the EVV system.
 - Review the EVV Reports and become familiar with the data.



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EVV Rounding Rules

The EVV system applies rounding rules to actual hours by rounding the total hours worked to the next quarter hour, which is shown as the pay hours on an EVV transaction.

- Pay hours are adjustable and should match the hours billed on the EVV claim.
- Program providers are required to bill in quarter-hour increments (0, 15, 30 or 45 minutes past the hour) per program rule and policy.

Note: MCO contracted program providers should contact their MCOs regarding each MCO's rounding policies.



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EVV Rounding Rules (Slide 2 of 3)

Within each quarter-hour increment, the EVV system rounds:

- Up to the next quarter-hour when the total actual time worked is 8 minutes or more.
- Down to the previous quarter hour when the total actual time worked is 7 minutes or less.

*Please see CLASS Provider Manual [Section 7600](#), DBMD Program Manual [Section 11300](#), and EVV Title 1 TAC [Chapter 354, Subchapter O](#)



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EVV Rounding Rules (Slide 3 of 3)

Examples of the rounding rules:

- If a service attendant works:
 - 2 hours and 53 minutes for a scheduled shift, the adjusted pay hours will **round up** to 3 hours.
 - If an attendant works 2 hours and 52 minutes, the adjusted pay hours will **round down** to 2.75 hours.
 - 4 hours and 10 minutes for a scheduled shift, the adjusted pay hours will **round up** to 4.25 hours.
 - 4 hours and 6 minutes, the adjusted pay hours will **round down** to 4 hours.



Transportation (Slide 1 of 3)

In some programs, transportation is:

- Authorized and budgeted separately in the budget.
- Authorized and budgeted as part of a Medicaid service.

Note:

- The authorization and budgeting of transportation will be reflected on the service authorization form.
- If unsure, refer to the HHSC EVV Bill Codes Table, or contact the HHSC case manager or MCO service coordinator regarding the budgeting of transportation.



TEXAS
Health and Human
Services

Transportation (Slide 2 of 3)

If transportation is authorized and **budgeted as part of a Medicaid service**, then:

- The service attendant will not clock out when they begin providing transportation since authorized with a Medicaid service.

If transportation is authorized or **budgeted separately**, then:

- The program provider will need to work with the EVV vendor or proprietary system operator (PSO) on clocking in and clocking out for a non-EVV service.



TEXAS
Health and Human
Services

Transportation (Slide 3 of 3)

If a CLASS or DBMD IPC does not have transportation as a separate line item, then please contact the HHSC CLASS or DBMD case manager.

Note: If the case manager needs additional guidance on this, they can reach out to program policy for more targeted technical assistance or can review the service authorization to see if transportation is budgeted separately.



TEXAS
Health and Human
Services

FAQs

What can I do if my claims are not being paid? ([Best Practices Notice](#))

Before Submitting the EVV Claim:

- Check the EVV Portal to ensure the EVV visit transaction was accepted into the EVV Aggregator.
- Ensure data elements on the EVV claim match data elements on the accepted EVV visit transaction.

After Submitting the EVV Claim:

- Check the match results of the EVV claim matching process in the EVV Portal.

Note: [See the EVV Claims Submission Policy](#) - EVV website



TEXAS
Health and Human
Services

FAQs (cont.)

What can I do if I'm not using EVV yet? How do I get started?

- Program providers can choose an EVV system from the EVV state vendor pool managed by TMHP.
- To begin the onboarding process, complete and submit the EVV Provider Onboarding Form directly to the EVV vendor.
- Onboarding forms are available on each EVV vendor's website.
- See [TMHP's EVV Vendors webpage](#).



TEXAS
Health and Human
Services

EVV Resources

All resources are located on the HHSC [EVV website](#):

- GovDelivery.com email updates for EVV
- [EVV Contact Information Guide](#)
- EVV Policy Training - EVV Computer Based Trainings (CBT) and recorded webinars are located on the [HHS Learning Portal](#)
- HHSC EVV Email Inbox: Electronic_Visit_Verification@hhsc.state.tx.us



TEXAS
Health and Human
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TEXAS
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Thank You!

HHSC EVV Email:

electronic_visit_verification@hhsc.state.tx.us

[HHSC EVV Website:](https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification)

<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification>



TEXAS
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Thank You!

Contact the CLASS or DBMD policy mailbox if you have any questions or concerns:

CLASSPolicy@hhsc.state.tx.us

DBMDPolicy@hhsc.state.tx.us