

AHCCCS E.V.V.

ELECTRONIC VISIT VERIFICATION

Frequently Asked Questions (FAQ) Live-In/Onsite Caregiver | October 2020

Why is AHCCCS requiring EVV for members who have live-in caregivers?

In August 2019, the Centers for Medicare and Medicaid Services released guidance that gives states the flexibility to decide whether or not to require EVV for members with live-in caregivers. AHCCCS has decided to continue to require EVV for members in these situations to make sure all members get the care they need when they need it while building in more flexibility in the EVV program for members and their live-in caregivers.

What other service delivery scenarios are like having a live-in caregiver?

In addition to the common scenario for ALTCs members with a live-in caregiver, some behavioral health services are provided in settings where there is a caregiver onsite or on demand to provide services both on a set schedule and whenever a member needs them. For example, a member may live in an apartment, but the service provider has an office in the apartment complex and staff is available 24/7 to offer supports and services to the member. Another example is a member that is served by an ACT Team. During the provider's daily check-ins with the member, the provider may identify a support need the member has and provide the service on the spot.

What is AHCCCS going to do for members with a live-in or onsite caregiver to help ensure that EVV does not impact the flexible way in which these members receive services?

While still requiring EVV, AHCCCS is giving the member's service planning/treatment team the flexibility to determine whether or not a schedule is required for members receiving services provided by a live-in or onsite caregiver. The schedule is what helps the provider agency know if services are being provided as originally planned based upon the member's service plan. It will be important for members and their families to understand that without a schedule, the provider agency is unable to know if services cannot be provided within a given day unless the member/family communicate this issue to the provider agency directly. Services must continue to be provided within the authorization limits and tasks performed (during the days of the week and times) consistent with the medically necessary needs and preferences outlined in the service plan. AHCCCS encourages members, their families, case managers (if applicable) and the provider agency to have a discussion and make a determination whether or not the exemption from the scheduling requirement is the best decision in support of a member's need to get care when they need it.

While members and their families have the freedom to choose among available EVV device options, AHCCCS is allowing the continued use of paper timesheets along with a device to electronically verify the actual date, start and end time of the delivered services. For some EVV systems, this means a FOB device will be used. In those situations, the FOB device will be stored in the member's home. Caregivers will click a button to generate a code that acts as a time and date stamp. The caregiver will write down the code at the beginning and at the end of each service. Those codes are expected to be entered onto the timesheet and the timesheet signed by the member (or designee) before given to the provider agency for processing. The timesheet must be entered into the EVV system in order for the provider to get paid for services.

This is just ONE example of what this device and process might look like that may be a flexible EVV option for members and their live-in caregivers. AHCCCS encourages members and their families to talk with providers about which EVV device options is the best fit for their lifestyle and how they receive services. There may be other options for EVV the provider may have depending upon the EVV system they have chosen to use. To support these conversations, more information is coming soon on device options for providers choosing to use the AHCCCS/Sandata EVV system.