TEXAS Health and Human Services

Consumer Directed Services

Employer's Selection for Electronic Visit Verification Responsibilities

The 21st Century Cures Act is a federal law that requires states to implement Electronic Visit Verification (EVV) for all Medicaid personal care services requiring an in-home visit by a service provider, including services delivered through the Consumer Directed Services (CDS) option.

EVV is an electronic documentation system used to verify that services have been provided. The EVV system electronically documents the following information for each service visit:

- the type of service provided;
- name of the person receiving the service;
- name of the service provider (CDS employee);
- the location, including the address, where the service is provided;
- date and time the service delivery begins (clock in time);
- date and time the service delivery ends (clock out time); and
- other information HHSC determines is necessary to ensure the accurate adjudication of Medicaid claims.

When a CDS employee provides a service requiring EVV to a person, the employee must clock in to the EVV system when services begin and clock out of the EVV system when services end, using an approved electronic verification method. An electronic verification method is the method the employee will use to clock in and clock out of the EVV system. Approved methods include a mobile application, landline phone and alternative device.

The CDS employer is responsible for training the employee on clocking in and clocking out of the EVV system and must ensure the CDS employee uses the EVV system to record service visits.

Visit maintenance is the process for making corrections to clock in and clock out information in the EVV system to accurately reflect the delivery of services. For example, the CDS employer, or their Financial Management Services Agency (FMSA), must perform visit maintenance if an employee clocks in through the EVV system at the beginning of a shift but forgets to clock out at the end of the shift. In this case, the CDS employer or FMSA will add the clock out time and adjust the time worked in the EVV system. All required visit maintenance must be completed before the FMSA submits an EVV claim for payment.

	For FMSA Use Only
1. Name of Person Receiving Services:	3. Identification Number:
2. CDS Employer's Name (if different from the person receiving services):	4. Relation to Person Receiving Services:

The CDS employer acknowledges:

My FMSA has explained my responsibilities for using EVV.

I understand that I must complete the following required EVV trainings prior to using the EVV system:

- EVV system training conducted by the EVV vendor or my FMSA; and
- EVV policy training conducted by my FMSA, the Texas Health and Human Services Commission (HHSC) or my managed care organization (MCO), if I have one.

I understand that I will not receive access to the EVV system until I have taken the EVV system training.

I understand that I must use the EVV system listed below, chosen by my FMSA.

EVV Vendor Name: **DataLogic Software, Inc.**

EVV System Name: **Vesta**

EVV System Contact Information: **info@vestaevv.com**

Selection for EVV Visit Maintenance Responsibilities:

I understand that I am always responsible for approving the time my employee has worked. Also, I understand that for a service requiring EVV, I can enter my approval of the time worked in the EVV system or I can request that the FMSA confirm my approval of the time worked in the EVV system.

Further, I understand that I must choose to perform visit maintenance in the EVV system, or I can choose to delegate the performance of visit maintenance to my FMSA. If I delegate visit maintenance to my FMSA, I must enter in the EVV system my approval of any changes made by the FMSA as part of visit maintenance or I must have the FMSA confirm in the EVV system my approval of any changes. I choose the following option:

◯ Option 1: I will enter my approval of the time my CDS employee worked in the EVV system and I will perform visit maintenance in the EVV system.

◯ Option 2: I will enter my approval of the time my CDS employee worked in the EVV system. I delegate the performance of visit maintenance to the FMSA. After the FMSA completes visit maintenance, I will enter my approval in the EVV system of any changes to time worked made by the FMSA, if necessary, as part of visit maintenance.

◯ Option 3: The FMSA will confirm my approval of the time my CDS employee worked in the EVV system. I delegate the performance of EVV visit maintenance to the FMSA.

I understand that regardless of the option I have chosen, I must receive training on the EVV system, including training on clocking in and clocking out of the EVV system, and I must train my CDS employees on how to clock in and clock out of the EVV system.

I understand that the FMSA will review EVV visits to ensure the time worked by a CDS employee is within the hours authorized on the person's service plan and the CDS budget.

☐ I elect to have my Designated Representative (DR) assist me with the EVV responsibilities described on this form.

I understand that my DR must take the EVV system training and EVV policy training prior to assisting me with using the EVV system.

I agree to complete a new form if any of the information provided on this form changes or if I want to choose a different option than that identified above.

I agree that the selections made on this form will become effective on: _____
Date

_____ _____
Signature — CDS Employer Date

_____ _____
Signature — Designated Representative (if applicable) Date

_____ _____
Signature — FMSA Representative Date