



Date: 10/26/20

## FINAL NOTICE: CDS EVV Implementation

Timekeeping as of 12/1/20 dates of service must be submitted through Vesta EVV or services will not be paid to your attendants.

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### Instructions for CDS Employers and/or DR:

HRA has chosen Vesta as our EVV Vendor:

Company ID: 6447    Ph: (844) 880-2400    Email: [info@vestaevv.com](mailto:info@vestaevv.com)

- Step 1-Complete HHSC EVV policy training and send certificate to HRA.
- Step 2-\*Update: Vesta EVV system training requirement can now be completed once Employer or DR is set up in Vesta and receives credentials to the portal.
- Step 3-Complete HHSC Form-1722 to choose visit maintenance responsibility option and submit to HRA.  
*\*Option 1 & 2 require access to a computer and email account to perform visit maintenance.*  
*See attached form & detailed instructions (Pgs. 3-5)*
- Step 4-Complete Visit Verification Method form and submit to HRA. *\*Alternative Device option require a valid mailing address for shipping by Vesta. Employer to receive within 15-20 business days. See attached methods & requirements (Pg. 6)*

Upon receipt of the items above, HRA will enter your information into Vesta and the Employer or DR will receive an email with a link to Vesta CDV and user credentials for access to the portal.

- Step 5-Employer or DR completes user set up in Vesta.
- Step 6-Employer or DR trains employees on Clock In/Clock Out methods on device chosen for visit verification and submits completed 1732-Form, Management & Training of Service Provider to HRA. *See attached form (Pg. 7)*

## Electronic Visit Verification Cures Act EVV – HHSC Training Requirements Checklist

This document provides training checklists for Consumer Directed Services (CDS) Employers, Designated Representatives (DR) and CDS employees affected by the [Cures Act EVV Expansion](#).

### CDS Employers/DRs

Training Requirement	Provided by	Options for Completing Training Requirements
EVV Policy Training – before Dec. 1, 2020, and then annually.	Payer (HHSC or MCO)	<p>Complete at least <b>one</b> of the following training options:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> HHSC EVV Policy Course – Cures Act EVV Expansion computer-based training (CBT) on the <a href="https://learningportal.dfps.state.tx.us/login/index.php">HHS Learning Portal</a>. <a href="https://learningportal.dfps.state.tx.us/login/index.php">https://learningportal.dfps.state.tx.us/login/index.php</a></li> <li><input type="checkbox"/> EVV Policy instructor-led training (ILT) hosted by your payer.</li> <li><input type="checkbox"/> EVV Policy online webinar training hosted by your payer.</li> <li><input type="checkbox"/> Other training option approved by your payer.</li> </ul> <p>Contact HHSC at <a href="mailto:electronic_visit_verification@hhsc.state.tx.us">electronic_visit_verification@hhsc.state.tx.us</a> or</p>
*EVV System Training, including Clock In/Clock Out Methods Training	*EVV vendor, Vesta EVV	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete EVV System Training. Includes Clock In/Clock Out Methods Training.</li> </ul> <p>Contact your EVV vendor:  <b>VESTA EVV</b>  <b>PH: (844) 880-2400</b>  <b>EMAIL: <a href="mailto:info@vestaevv.com">info@vestaevv.com</a></b>  <b>Training Link: <a href="http://vestaevv.com/training">vestaevv.com/training</a></b></p>

### CDS Employees

EVV Training Requirement	Provided by	Options for Completing Training Requirements
Clock In/Clock Out Methods Training – before using the clock in/clock out method.	Your CDS employer	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Clock In/Clock Out Methods Training.</li> </ul> <p>Contact your CDS employer for training opportunities.</p> <p>CDS employers may contact the EVV vendor, selected by your FMSA for additional assistance:  <b>HRA EVV VENDOR: VESTA</b>  <b>PH: (844) 880-2400</b>  <b>EMAIL: <a href="mailto:info@vestaevv.com">info@vestaevv.com</a></b></p>

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.

1. Name of Person Receiving Services:	<b>For FMSA Use Only</b> 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: **Vesta**

EVV System Name: **Vesta EVV Web/CDV**

EVV System Contact Information: **Phone: (844) 880-2400 Email: 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**

## Form 1722 Detailed Instructions

### Employers Selection for Electronic Visit Verification Responsibilities

1. **Name of the Person Receiving Services** — Enter the name of the person receiving services.

Note: Managed care programs and HHSC EVV policy may refer to the person receiving services as the “Member.”

2. **CDS Employer’s Name (if different from the person receiving services)** — Enter the name of the person receiving services, who is age 18 or over and does not have a legal guardian, or their legally authorized representative.

3. **Identification Number** — This is for FMSA use only and allows the FMSA to enter a unique tracking number for each person receiving services.

4. **Relation to Person Receiving Services** — If the CDS employer is not the one receiving services, define the relationship between CDS employer and recipient.

**Selection for EVV System Access and Visit Maintenance Responsibilities** — The CDS employer places a mark in the box next to the option they select. The CDS employer may only select one option. If the CDS employer decides to change to a different option at any time, they must complete a new Form 1722.

**Option 1:** The CDS employer agrees to perform all visit maintenance and approve their employee’s time worked in the EVV system.

**Option 2:** The CDS employer elects to have their FMSA complete all visit maintenance on their behalf; however, the CDS employer will approve employee’s time worked in the EVV system.

**Option 3:** The CDS employer elects to have their FMSA complete all visit maintenance on their behalf and confirm the employee’s time worked in the EVV system based on approval documentation from the CDS employer.

I elect to have my Designated Representative (DR) assist me with the EVV responsibilities described on this form. — Check this box if the CDS employer elects to have their DR assist them.

I agree that the selections made on this form will become effective on — Enter the date that the changes will take effect.  
Signatures

**Signature — CDS Employer and Date** — The CDS employer signs and dates the form, indicating the FMSA has reviewed the information on the form with the CDS employer.

**Signature — Designated Representative (if applicable) and Date** — The DR (if applicable) signs and dates the form, indicating they agree to assist the CDS employer with using the EVV system. If the DR is elected to assist using the EVV system, the DR must take the EVV system and EVV policy trainings prior to assisting with using the EVV system.

**Signature — FMSA Representative and Date** — The FMSA signs and dates the form, indicating they have explained EVV and the CDS employer understands the form.

## CDS Employer's Selection Form - Visit Verification Method

Name of Person Receiving Services: \_\_\_\_\_

CDS Employer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Main Phone (Note land line or mobile #): \_\_\_\_\_  Mobile  Land Line

Employer Second Phone: \_\_\_\_\_

(DR) Designated Representative Name (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

DR Address: \_\_\_\_\_ DR Phone: \_\_\_\_\_

ACTIVE EMPLOYEES		
EMPLOYEE NAME & ADDRESS	MOBILE PH #:	PHONE TYPE:
EMPLOYEE 1: EMAIL:		<input type="checkbox"/> _ANDROID <input type="checkbox"/> _APPLE IOS <input type="checkbox"/> _OTHER
EMPLOYEE 2: EMAIL:		<input type="checkbox"/> _ANDROID <input type="checkbox"/> _APPLE IOS <input type="checkbox"/> _OTHER
EMPLOYEE 3: EMAIL:		<input type="checkbox"/> _ANDROID <input type="checkbox"/> _APPLE IOS <input type="checkbox"/> _OTHER
EMPLOYEE 4: EMAIL:		<input type="checkbox"/> _ANDROID <input type="checkbox"/> _APPLE IOS <input type="checkbox"/> _OTHER

### Visit Verification Method Options



**Visit Verification Methods**

*Vesta EVV offers three dependable, and user-friendly solutions for Service Attendants to verify service delivery and comply with EVV requirements.*

- 1 VESTA MOBILE APP**  
*The Vesta EVV Mobile App makes it quick and easy for Service Attendants to clock in and out using their own smartphone. The Mobile App is available for iPhone and Android devices.*
- 2 HOME LANDLINE TELEPHONE**  
*The Vesta EVV Home Landline Telephone Interactive Voice Response (IVR) system provides a reliable way for Service Attendants to clock in and out from a Home Landline telephone.*
- 3 ALTERNATIVE DEVICE**  
*Vesta EVV Alternative Devices are innovative electronic devices that allow Service Attendants to clock in and out when the Vesta Mobile App or a Home Landline is not available.*

I choose the following Visit Verification Method option to verify attendant service visits (clock in/clock out):

1-Landline Telephone     2-Alternative Device     3-Vesta Mobile App

Signature-CDS Employer \_\_\_\_\_ Date \_\_\_\_\_

Signature-Designated Representative (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature – HRA (FMSA) Representative \_\_\_\_\_ Date \_\_\_\_\_

Consumer Directed Services Management and Training of Service Provider

Table with 3 columns: Service Provider Name (Employee), First Day of Work, Annual Evaluation Due Date; Name of Individual Receiving Services, Program, Services Delivered; Name of Consumer Directed Services Employer

I. Purpose

- Initial Orientation
Ongoing Training
Evaluation
Supervision
Conflict Resolution
Other: 1) HHSC EVV Policy Training 2) Vesta EVV System Training

II. Documentation of Topics Covered at Initial Orientation or Ongoing Training: (Initial orientation must include training related to the individual's condition and the tasks the service provider will perform as well as any required training described in an applicable addendum to Form 1735, Employer and Financial Management Services Agency Service Agreement.)

List training done at time of hire:

NA

III. Evaluation/Performance Review:

NA

IV. Corrective Action Plan (if applicable):

Date for follow-up on corrective action plan: NA

V. Service Provider Comments:

Signature of Service Provider Date

This document has been reviewed with the service provider listed above.

Signature of Employer Date Signature of Witness Date

Date sent to FMSA: Date received by FMSA: