

Electronic Visit Verification for Traditional Services: Frequently Asked Questions (FAQs)

Topic	Question	Answer
One Time Password (OTP) Token	1. When clocking in with the OTP token, what information do you need?	Two pieces of information: (1) The time stamp number of the OTP display and (2) either the 9-digit number on the back of the OTP or the participant's 11-digit Medicaid (MA) number.
One Time Password (OTP) Token	2. What happens when the participant doesn't have their OTP token for some reason?	Provider Admin and Billing Provider user roles can enter the time manually into <i>LTSSMaryland</i> .
One Time Password (OTP) Token	3. What if the participant has limited access or doesn't have a reliable phone?	We recommend an OTP token be assigned. The Direct Support Professional (DSP) will still need to use a phone, but can use their own phone or a landline. If a phone is not available, Provider administrators may enter the time manually into <i>LTSSMaryland</i> .
One Time Password (OTP) Token	4. What if the participant breaks or loses their OTP and there is a lag time until the participant gets the new token?	If the OTP is broken or lost, clock in and clock out details can be entered manually by the Provider administrators into <i>LTSSMaryland</i> until a replacement is received. Providers should share OTP concerns with the person's Coordinator of Community Services (CCS) so a replacement OTP can be provided.
One Time Password (OTP) Token	5. What will OTP distribution look like with COVID limitations and restrictions?	CCS agencies decide the best way to distribute OTPs. Many OTPs have already been distributed to participants who use Personal Support services.
One Time Password (OTP) Token	6. How does the CCS request a new OTP token?	Each CCS agency has already received a bulk shipment of OTP tokens. If more are needed, they can reach out to the MDH ISAS team to get additional tokens.

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One Time Password (OTP) Token	7. When a DSP is providing Personal Support services both in the home and in the community, will the OTP token be used to clock in and out for the separate locations?	No, the DSP should just clock in at the beginning and out at the end of services, regardless of whether it is in the home or community. If you have a breakage of services, clock out. If it is one continuous service, just clock in and out once.
One Time Password (OTP) Token	8. Can a participant have both options "turned on"? That is, can a participant use their own phone number and also have an OTP assigned?	Yes. When this occurs, there are two scenarios: 1) If the DSP calls in using a participant's number that is listed for them in LTSS <i>Maryland</i> and that number is not shared with another participant, ISAS (Maryland's EVV system) will not ask if a token is assigned. 2) If the DSP calls in from a phone number not recorded in LTSS <i>Maryland</i> or that is otherwise not unique to the participant, then the EVV system will ask for both a) the digit OTP code and b) the participant's 11 digit MA or 9 digit OTP Serial Number.
One Time Password (OTP) Token	9. Can a CCS request a token if a participant on their caseload loses/breaks one?	Yes. Each CCS agency was given OTP tokens at 10% above the agency's caseload of participants receiving Personal Supports. If a participant loses the token, the agency should have one available to replace immediately. If the agency as a whole runs out of extras, then please have a CCS supervisor or CCS Agency administrator request a batch from the ISAS team by emailing mdh.isashelp@maryland.gov. CCS should NOT request tokens individually from ISAS.
One Time Password (OTP) Token	10. Should/can CCS agencies assign the OTP tokens before dropping them off to the participants?	Yes, however it is recommended that the CCS agencies assign the OTPs before dropping them off with the participant. The OTP assignment process requires the 6-digit code, which will be easier when you have the OTP token with you physically. Please note, assigning the OTP token will impact how the DSP clocks-in/out immediately, so please coordinate with the participant.

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In-Home Supports Assurance System (ISAS)	11. Is it a HIPPA violation for the Personal Supports staff to know the participant's Medicaid number?	No, just knowing the MA# is not a HIPAA violation. If the participant doesn't feel comfortable sharing the MA#, the DSP can use the 9-digit serial # from the OTP token as an alternative.
In-Home Supports Assurance System (ISAS)	12. Most of the participants our agency supports use Personal Supports in the community, and many do not have a cell phone. In other words, there is no phone to use other than the DSP's phone.	As long as there is an OTP token issued to the participant, the DSP can call in from any phone.
In-Home Supports Assurance System (ISAS)	13. Does Maryland have any parameters around manual edits? Is there a certain number of manual edits that would trigger an audit or to withhold reimbursements?	Yes, eventually the limit will be 4x per month, per DSP. After that is reached, MDH will review every manual entry tied to that DSP and confirm the entry before it is processed for payment. However, there will be a hold on this limitation during the rollout/ transition. Additionally, this limitation does not apply to manual entries related to Appendix K remote supports.
In-Home Supports Assurance System (ISAS)	14. Are DSPs going to have two different systems for clocking in and out (DDA funded vs. private in home supports)?	DDA related Personal Supports services must use the ISAS system. For private in-home supports, it is up to that Provider to manage their own policies/processes.
In-Home Supports Assurance System (ISAS)	15. Will Maryland increase the number of manual time entries per month to more than 6?	The manual entries in the system are still capped at 4. But, due to the current public health emergency and other extenuating circumstances, Medicaid's ISAS team will be reviewing this closely and providing additional opportunities as needed.
LTSS Maryland	16. If participants change their phone number frequently, how will LTSS Maryland know and keep up with the accurate data?	In this circumstance, the participant should have an OTP token, which means the DSP can call in from any phone number. The CCS is required to log into the system and update the participant's phone number information as well.
LTSS Maryland	17. Can there be more than one Provider administrator in LTSS Maryland?	Yes, there can be multiple Provider admin users at an agency.

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LTSSMaryland	18. Can you have a dual role in LTSS? For example, can you be a program staff and be a DSP?	Yes, a person can be a program staff and billing staff in the system. At any time, your administrators can update this and set the program staff up accordingly.
LTSSMaryland	19. If the Provider administrator has to enter the time in and out in LTSSMaryland, does it have to be done on the day of service itself?	No, it does not. There is a general timeline for when each month's requirements are to be submitted. Details will be included in the ISAS policy.
LTSSMaryland	20. Currently, demographic information is not able to be saved. Moving forward, will LTSSMaryland now allow CCS to enter and save new phone numbers for the participants we support?	CCS are able to enter and save phone numbers currently. If you have any issues, please submit a ticket to the helpdesk.
Person-Centered Plan (PCP)	21. For the detailed service authorization updates we need to make, will the new PCP signature page be needed?	Yes. At any time when there is a change to someone's services in the system, there is a requirement to sign off on an electronic signature page in the system and a new participant and CCS signature page.
Person-Centered Plan (PCP)	22. How will the process be different for new individuals entering the system during this transition? Will they start first in LTSSMaryland until Providers go-live date?	For new participants that enter PCPs after their Provider's region has gone live in ISAS, the Personal Supports billing will be through EVV ISAS. New participants will be authorized in PCIS2 until their region's go-live date.
Person-Centered Plan (PCP)	23. Do we need to do a modified request for service change to change from personal supports to personal supports enhanced?	No, a Revised PCP should be completed in LTSSMaryland.

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Person-Centered Plan (PCP)	24. Currently, only 27% of the individuals we serve under Personal Supports are visible in LTSS. How will Providers bill for individuals that we are unable to access in LTSS?	All participants, authorized Personal Supports, Person-Centered Plans are being reviewed to ensure the appropriate service level and provider is included in the approved plan before the go-live date. If an individual is not currently listed in the provider's LTSS <i>Maryland</i> client roster, it means that the provider is not currently listed on an approved PCP for them in the system. It is important for Providers to begin using EVV on your go-live date <i>regardless of the status of the PCP</i> . This will allow the tracking to begin and provide data for any reconciliation that may need to be done.
Person-Centered Plan (PCP)	25. If a Provider agency declines the PCP, is the person discharged from the Provider and the CCS proceeds to find another placement Provider?	It is important for the CCS, Provider and the participant to communicate and coordinate. If the Provider declines the PCP, they should inform both the CCS agency and the participant. At that time, the CCS needs to coordinate with the participant to identify a new Provider.
Person-Centered Plan (PCP)	26. If the current approved PCP already aligns with the service authorization tool, is the CCS still required to provide a new plan?	If the PCP currently reflects the correct services and the Provider has approved it, there is no action needed.
Self-Directed Services (SDS)	27. How does the EVV process work for individuals in self-directed services. If the person doesn't have a specific Provider listed in LTSS, how does billing work?	DDA will provide guidance for people in self-directed services shortly.
Individuals Support Services (ISS)	28. Will the EVV system also be used for individuals receiving ISS?	ISS services that include Personal Supports services should be unbundled and listed separately as Personal Supports in the Person-Centered Plan. All Personal Supports services are to be billed using the EVV system.

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Appendix K	29. How will people use the ISAS system if they are utilizing virtual supports?	As part of Appendix K, there was the allowance for virtual supports to be used. For the time being while remote Personal Supports services are available, the time can be entered manually.
Personal Supports	30. Do you need a new license for Personal Supports Enhanced?	No. If you are certified as a Personal Supports provider, you can also provide Personal Supports - Enhanced services. No new application is required.
Personal Supports	31. Should Enhanced Services be selected for everyone with a behavior plan or health risk screening tool score of 4 or higher? Is any other approval needed to select the services?	Individuals that meet the Personal Supports - Enhanced criteria as noted in our approved Waiver may request Personal Supports - Enhanced be indicated in their PCP. For the increased rate to be approved, the person must either have a current approved or a Health Risk Screening Tool (HRST) score of 4 or higher. If those are entered and included in the PCP, the regional office can immediately authorize.
Personal Supports	32. What rate will be used after the go-live date?	The rates listed in <i>LTSS Maryland</i> for Personal Supports, 15 minute unit: Personal Supports: \$8.31 Personal Supports Enhanced: \$11.07 <i>LTSS Maryland</i> will be updated with the rates for the Geographic Differential after federal approval of Amendment #3. The Geographic Differential rates will be: Personal Support: \$10.69 Personal Supports Enhanced: \$13.86
Personal Supports	33. Is transportation included in all Personal Supports? Or just Personal Supports Enhanced?	Transportation is included under both Personal Supports and Personal Supports - Enhanced under the new rates that will be billed through EVV.

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Personal Supports	34. Are you required to submit a separate application in ePrep for Personal Supports?	If you have not applied to be a Personal Supports Provider, you will need to complete that process and have that as part of your authorization. Providers should make sure they are approved and authorized for Personal Supports.
Personal Supports	35. Is the CCS expected to monitor when services are given? Are they expected to monitor when the DSP clocks in and out? Every week? or do they review it quarterly? Are they also tasked with monitoring what DSP delivers services? This is a lot of responsibility to put on the CCS. Are they being asked to monitor Provider billing?	CCS are NOT expected to monitor Provider billing.
Bridge Funding	36. We are assuming the Jan 2021 payment will not include any advance. Is that correct?	The January payment will include an advance to ensure adequate cash flow. The reconciliation will take place through the cost report process for the year end close.
Training	37. Can CCS agencies attend the Provider billing functionality training so that we can be prepared for questions/ accurate information?	No. The Provider Billing Training that is being provided online will have a limited number of people on a daily basis. We recommend CCS agencies don't take those slots, so we can make sure enough Provider staff is trained appropriately. CCS agency functionality is completely different than what Providers see. CCS agencies do not have access to the part of the screen where Providers are able to enter billing and make other inputs in the system. For general use training and recorded webinars, we would be happy to share those with CCS agencies as well.
Communications	38. For families or participants without the internet: What is the plan to get them information?	There are a variety of ways to share information with participants and families, including through letters from the DDA, and interactions with the Provider and the CCS agency.

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Detailed Service Authorization Tool (DSAT)	39. Does the service authorization tool process require a PCP team meeting for each person?	No. The new Detailed Services Authorization Tool (DSAT) helps teams identify the appropriate services and units for the LTSS <i>Maryland</i> PCP detailed service authorization section. It was created to improve and expedite the planning and development process for requested services in the monthly detailed service authorization section. Providers complete the DSAT, proposing the amount, duration, and scope of services to support the person to achieve their goals and meet the assessed needs and preferences. The CCS will review the DSAT with the person and his or her support team. As always, the person may accept the proposed services or choose to seek different services that best fit their needs.
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