

Action Request Transmittal Developmental Disabilities Services



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Number: APD-AR-19-050

Issue date: 12/6/2019

Topic: Developmental Disabilities

Due date: 1/1/2020

Subject: Electronic Visit Verification Agency SD Import

Applies to (check all that apply):

- | | |
|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging: {Select type} | <input type="checkbox"/> Health Services |
| <input checked="" type="checkbox"/> Aging and People with Disabilities | <input checked="" type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input type="checkbox"/> Self Sufficiency Programs | <input type="checkbox"/> ODDS Children's Intensive In Home Services |
| <input checked="" type="checkbox"/> County DD program managers | <input type="checkbox"/> Stabilization and Crisis Unit (SACU) |
| <input type="checkbox"/> Support Service Brokerage Directors | <input checked="" type="checkbox"/> Other (<i>please specify</i>): DD Brokerages, DD Agency Providers |
| <input type="checkbox"/> ODDS Children's Residential Services | |
| <input type="checkbox"/> Child Welfare Programs | |

Action required:

Available for use now, but no later than January 1, 2020, DD Agency Providers who are utilizing their own EVV system and have access/permissions to utilize the Service Delivered (SD) Import functionality in eXPRS to submit their Service Delivered billing entry data for POC may need to make modifications to their internal systems to accommodate eXPRS system changes for EVV.

EVV is only required for the following Attendant or Personal Care services:

- OR526 – Attendant Care
- OR526/ZE – Attendant Care 2:1 staff
- OR507 – Daily Relief Care
- OR502 – State Plan Personal Care

The table below lists the additional fields and formats for the EVV data required. Agencies do not need to submit separate spreadsheets for EVV SDs and Non-EVV SDs. If a field does not apply to a service, leave blank for the import process.

Once imported, the draft SD entries can then be modified and/or submitted for payment. EVV SDs will require the name of the Direct Support Professional who

delivered the services, start geolocation, end geolocation, and/or reason codes for changes made to the SD prior to submission.

If you would like to learn more about the SD Import Process, or already have access and would like to practice this file upload outside of the eXPRS Production environment, please contact ODDS.EVV@state.or.us.

Reason for action:

The Office of Developmental Disabilities Services (ODDS) is implementing Electronic Visit Verification (EVV) as required in the Cures Act, a federal law that passed in 2016. It requires states to verify the delivery of Medicaid-funded **In-Home** Attendant or Personal Care services in real time (at the time the service is occurring) from providers.

If an agency plans to use the eXPRS EVV system for reporting, the system will not be available until April 1, 2020. If you responded to the ODDS survey stating your intent to use the eXPRS EVV system, ODDS will send providers an approved variance to the requirement of utilizing EVV until April 1, 2020. If you did not report your intent to use eXPRS for EVV but have determined that it is the best option for your agency, please notify ODDS at ODDS.EVV@state.or.us.

This transmittal will be discussed during the next Monthly Transmittal Call In. These meetings are held the third Thursday of every month at 2 pm. [877-873-8017](tel:877-873-8017), [guest code #772325](tel:877-873-8017), [please try to send questions in advance to ODDS.INFO@state.or.us](mailto:ODDS.INFO@state.or.us)

Field/stakeholder review: Yes No

If yes, reviewed by:

If you have any questions about this action request, contact:

| | |
|---------------------------------------------------------------------------------------|------|
| Contact(s): Stephanie Roncal | |
| Phone: 503-957-0356 | Fax: |
| Email: stephanie.roncal@state.or.us | |

Agency EVV Service Delivered Import: File Format

.CSV File Layout

The file must match the data elements in the following sequence, with no intervening space. The authorization information can be viewed or exported from the Find SPA page (user would then have to delete the extra columns, reorder the columns, then add the other required columns).

| Data Element | Description | Format |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------|
| Provider Service location ID | eXPRS unique identifier for provider's service location | 5+ digit integer e.g. 12345 |
| Service Element | First of three parts of eXPRS unique identifier for a service | 2- or 3-digit integer e.g. 49 or 149 |
| Procedure Code | Second of three parts of eXPRS unique identifier for a service | 5 characters e.g. OR501 |
| Service Modifier Code | Third of three parts of eXPRS unique identifier for a service | 2 characters e.g. NAW1 |
| Client Prime | DHS unique identifier for client | 8 characters e.g. AA22222A |
| Service Date | The date of service | mm/dd/yyyy e.g. 01/13/2015 |
| Start time | The start time of service, exact minute | h:mm a e.g. 1:37 PM |
| End time | The end time of service, exact minute | h:mm a e.g. 4:53 PM |
| Direct support hours (only for OR401 W5/W6) | Quarter hours of direct client interaction for OR401 W5/W6 (otherwise <u>must be blank</u>) | Number between 0 and 24 inclusive |
| Begin Location Latitude | The latitude at the start of the service | Decimal e.g. 42.54505108973063 |
| Begin Location Longitude | The longitude at the start of the service | Decimal e.g. 122.5698236982632 |
| End Location Latitude | The latitude at the end of the service | Decimal e.g. 42.54505108973063 |

| | | |
|------------------------------------|---------------------------------------------------------|-----------------------------------|
| End Location Longitude | The longitude at the end of the service | Decimal e.g. 122.5698236982632 |
| Direct Support Professional | First name (space) Last name of the DSP for the service | Alpha, 100 characters |

The provider is responsible for obtaining all above named identifiers from existing pages/screens in eXPRS, and for performing any necessary data mapping from information in their own data systems to these identifiers. The provider is responsible for the creation of any necessary data identifier conversion tables or utilities and is responsible for the accuracy of any such identifier conversion mechanisms.

Example file content for three valid service delivered lines:

12345,49,OR542,W1,AA22222A,07/13/2019,1:15 PM,4:45
PM,,42.54505108973063,122.5698236982632,42.31416401809694,122.85844944128928,Sally Smith

55155,149,OR401,W6,BB22222B,07/14/2019,12:00 AM,12:00
PM,2.5,42.54524595573781,122.56969199527293,42.54513155309924,122.56976388298668,Bo Wallace
34567,54,OR401,W5,CC22222C,07/13/2019,12:15 PM,5:15
PM,5,42.54509104798276,122.56967214403107,42.54498821244895,122.56978851169723,Joe Miller