

KIPDA PDS Program EVV Guidelines

1. EVV must electronically verify six aspects of service delivery:
 - a. the date,
 - b. location,
 - c. type of service,
 - d. the individual providing the service,
 - e. the individual receiving the service,
 - f. start and end times of the service.
2. Manually entering timesheets does not capture the location of services provided, which is not in accordance with the Federally Mandated 21st Century Cures Act. This is considered an unverified visit. Manual entries **will not** be approved for Medicaid payment.
 - a. **It is then you as the Employer (the participant/representatives) who is responsible for paying for any unverified visits.**
 - b. Also,
 - i. **1st offense**, a verbal warning will be issued to the participant/representative and employee. EVV training for proper usage will be reissued.
 - ii. **2nd offense**, a Corrective Action Plan will be issued, and the employee will have 30 days to get within compliance.
 - iii. **3rd offense**, an involuntary termination of PDS waiver services will be submitted to DAIL. Participant has the option of transferring to a traditional agency.
3. Always ensure that your employee submits time according to your prior approved plan of care. Employees are not allowed to exceed the prior approved amount of hours for services.
4. Always ensure that your employee submits tasks according to your approved plan of care. Employees are prohibited from selecting tasks that are not prior approved.
5. Ensure that your employees' time in and time out is correct before submission. Incorrect time will not be approved for payment. Corrections (when permitted) will first need to be made by the employee, then reviewed and approved by the you the Employer (participant/representative). Time entered at any time past the previous payroll period will not be processed for payment at a future date.
6. It is **strongly encouraged** for the participant/representative to review and approve employee's time daily. It is mandatory for you, the Employer (participant/representative), to review and approve employees' time at least on the bi-weekly schedule in order for the employees to be paid appropriately.
7. A Corrective Action Plan will be implemented if the same errors are consistently being made (Ex: forgetting to clock in and to clock out, clocking in and clocking out at an unauthorized address - also may be considered fraud and will be reported as such, selecting inappropriate tasks, selecting incorrect service codes. The participant will be at risk of termination of waiver services or will be transferred to a traditional agency, as described above.
8. Your employee will not be eligible to render services through the PDS Waiver Program if you are an inpatient of a hospital, nursing facility, rehab facility, mental institution, or hospice care. It is your responsibility to negotiate services outside of waiver approved services. Medicaid does not currently reimburse for services outside of approved care plans.
9. It is you, the Employer (participants/representative) responsibility to ensure that all employee eligibility paperwork is valid and kept up to date (Ex: **TB Skin Test, CPR/FA, DAIL Attendant Care Training, PDS Participant/Provider Contract, Vehicle Insurance, Driver's License.**) Both employee and participant/representative will receive weekly expiration notices in the Mains' portal starting 6 weeks from the employee eligibility item expiration date. If any employee eligibility items lapse, payment will immediately be stopped until updated documentation is received. Your employee will not be eligible to render services through the PDS Waiver Program during the time of the lapse and there will not be payment issued for services during gap periods. All employee eligibility items are due in a timely manner.
10. Time submitted should be factual, complete, and accurate. Submitting time for services not rendered is considered Medicaid FRAUD. This would result in immediate termination of the Waiver program and legal action against you from the Department for Medicaid services. Suspected fraud will be reported to the Office of Inspector General immediately by KIPDA.
11. It is highly recommended that you as an employee have at least 2 weeks worth of payroll amounts to assure that employees are paid by you (outside of Medicaid) if lapses in your Medicaid, lapses in employee eligibility, and/or other instances occur that are not reimbursable by Medicaid.

❖ **Examples of Medicaid fraud include, but are not limited to:**

- Completing time or signing for someone else.
- Billing for unnecessary/unapproved services or items.
- Billing for services when the participant is in an alternative care setting.
- Billing for services while the participant is not present.
- Billing for services or items not rendered.
- Receiving “kickbacks” from your employee from Medicaid wages.
- Beneficiary fraud includes misrepresenting one’s circumstances to obtain coverage, including PDS Services.

FRAUD is punishable by law and will result in legal action against you, the Employer.

Please remember participant confidentiality. Services are individualized; therefore, should not be discussed between other participants and/or employees. A breach of confidentiality dictates either loss of services and/or loss of employment.

Participant/Representative Signature

Date

Employee Signature

Date