**Electronic Visit Verification (EVV)**

**Implementation Challenges**

**Survey**

**Please complete and return this survey by April 30, 2020 to City of Seattle Aging and Disability Services.**

1. **Home Care Agency Information:**

| **Survey Question** | **Answer** |
| --- | --- |
| Home Care Agency Name |  |
| Person completing survey (name and title) |  |
| Contact information (email, phone) |  |
| Which region(s) is the agency contracted to provide home care? (County or AAA) |  |
| List the location of the agency’s office(s) |  |
| Total number of staff  (Include all who work with home care, including fiscal and administrative staff, home care aides, supervisors, etc.) |  |

1. **Please answer the following questions based on what you are *anticipating* or what you *have experienced* with implementing EVV.**

| **Survey Question** | **Answer** |
| --- | --- |
| 1. Has your agency already implemented EVV? | Yes  No  If yes, what is the name of the vendor?\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you changed EVV vendors at any point? If so why? |  |
| 1. Explain any financial impact of the introduction of EVV on your cost of doing business. |  |
| 1. What is the total cost quoted by the EVV vendor to implement EVV? |  |
| 1. What additional monthly costs to your organization are associated with EVV implementation? |  |
| 1. Has implementation cost changed due to varying factors from the original vendor quoted cost? Please explain. |  |
| 1. What financial resources will your agency have access to that you can use to support EVV? |  |
| 1. Additional comments: |  |
| 1. Do you feel your current infrastructure (staffing, equipment, support services, etc.) is sufficient to meet EVV requirements?   Please explain. If you are not able to provide information regarding the impacts of EVV please provide some background on your experience implementing Electronic Time Keeping (ETK) and how it might compare to the future implementation of EVV. |  |
| * 1. How many staff (full time and part time) will be/are working on EVV requirements, including billing, errors, exceptions and follow-up? |  |
| * 1. Will/are you providing tech devices (cell phone, tablet, etc.) to homecare workers or are you requiring they use their own? Does this increase your admin costs? |  |
| 1. What types of additional support would you need in order for EVV to be successful? |  |
| 1. Additional comments: |  |
| 1. If you are currently implementing EVV, approximately how many errors are you getting that require manual corrections? If you are not able to provide information regarding the impacts of EVV please provide some background on your experience implementing Electronic Time Keeping (ETK) and how it might compare to the future implementation of EVV. | Approximate Number: |
| * 1. What kinds of errors are you experiencing? |  |
| * 1. Is the EVV vendor using the DSHS specified reason codes for errors? | If so how often is each of the following codes used?   |  |  |  |  | | --- | --- | --- | --- | | **Exception Code** | **Manual Entry/Adjustment/Exception Code Description** | **Number of times used** |  | | SPST01 | Servicing provider unable/prevented from logging correct Start Time |  |  | | SPET01 | Servicing provider unable/prevented from logging correct End Time |  |  | | SPEV01 | Servicing provider unable/prevented from using EVV system |  |  | | EVSF01 | EVV system failure |  |  | | CLSD01 | Client unable/prevented from electronically verifying service delivery |  |  | |
| * 1. Have the errors been resolved? |  |
| 1. Do you expect to, or are you experiencing cellular connectivity problems? If you are not able to provide information regarding the impacts of EVV please provide some background on your experience implementing Electronic Time Keeping (ETK) and how it might compare to the future implementation of EVV. | Yes  No |
| 1. List all locations where you know that cellular connectivity is a problem. Be as specific as possible (e.g., all households located within 1 mile of Discovery Bay, WA). |  |
| 1. How frequently are you experiencing connectivity problems? |  |
| 1. How are you resolving those issues? |  |
| 1. What is your alternative plan for when there is no coverage/connectivity? |  |
| 1. Additional comments: |  |
| 1. If your agency serves both rural and urban areas, do you expect to, or have you experienced differences in implementing EVV for rural versus urban areas? Please describe. If you are not able to provide information regarding the impacts of EVV please provide some background on your experience implementing Electronic Time Keeping (ETK) and how it might compare to the future implementation of EVV. |  |
| 1. What do you feel has the greatest impact on your organization’s ability to meet EVV requirements? |  |

**Thank you for completing this survey.**