

**Frequently Asked Questions and Answers (FAQ)  
Proposed Changes to Regulation on  
Electronic Visit Verification  
Questions Received by November 13, 2020**

**7AAC 105.230 Medicaid Provider and Recipient Participation  
7AAC 125.070 Medicaid Coverage; Personal Care Services  
7AAC 127.053 Community First Choice Personal Care Services**

The following questions were received by November 13, 2020 regarding the proposed regulations.

Q: How would EVV be implemented in remote areas of Alaska where there is no cellular service available for the devices to send EVV information?

Q: Will a caregiver manually entering the time and location on a device be acceptable to the state until that data can be transmitted upon coming into a cellular service area or wifi service?

Q: Do we still need to have a separate contract with Therap as an agency if we choose them (Therap) for EVV and billing for our agency even if SDS already has a contract with them?

Q: What is the process for having an agency's EVV system approved?

Q: What will the process be for making normal corrections to EVV data in these 2 instances?

- Prior to sending in billing data, for instance - during the normal 2-week timesheet period
- After sending in billing data, so that paid claims can also be corrected.

Q: When will the State provide guidance on the aggregate system and required format of EVV data being submitted from an agency?

Q: Are we doing paper timesheets and EVV, but then they are double inputting into Therap and daily timesheets?

A: The State is currently working with Therap, the vendor selected to implement Alaska's EVV solution, to respond to these questions. As decisions are made, Therap will be issuing more information, which will be sent via SDS E-Alert in the coming weeks.

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Q: Does SDS already have a system/vendor that you recommend for agencies?

A: SDS does not recommend EVV systems/vendors. Therap is the awarded state vendor that providers may elect to use, at no cost for the EVV application (there may be additional costs related to "fixed devices" and additional features). Providers may choose their own EVV application vendor at their own cost if that system collects the required EVV data and can coordinate to upload all data to the state EVV system.