

EVV Updates

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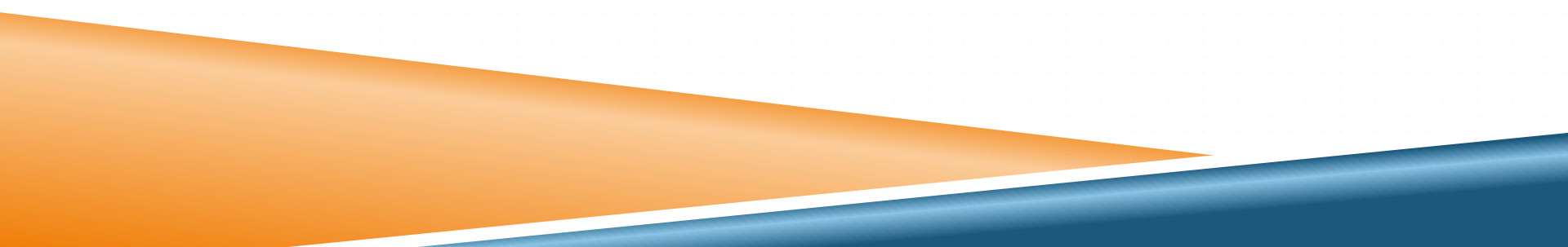
12/09/2020



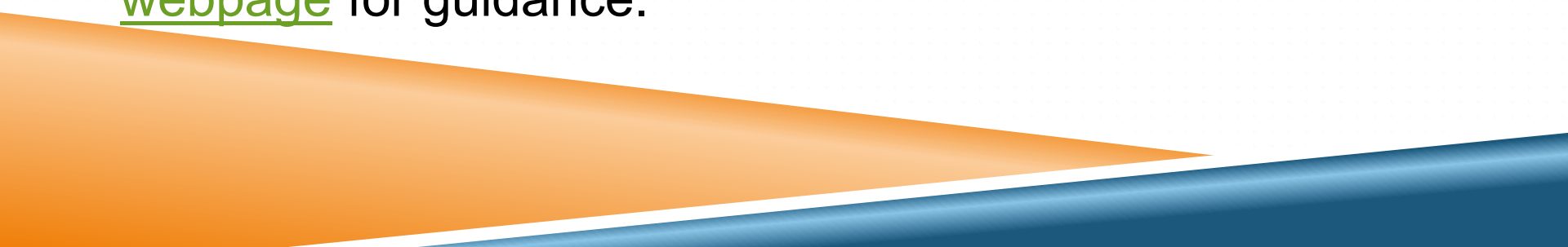
21ST CENTURY CURES ACT PROVISIONS UNDER SECTION 12006

- ❖ The 21st Century Cures Act requires all states to utilize an electronic form of visit verification for all personal care services paid for with Medicaid funds.
 - Original deadline – January 1, 2019
 - Federal Extension – January 1, 2020
 - Good Faith Extension – January 1, 2021

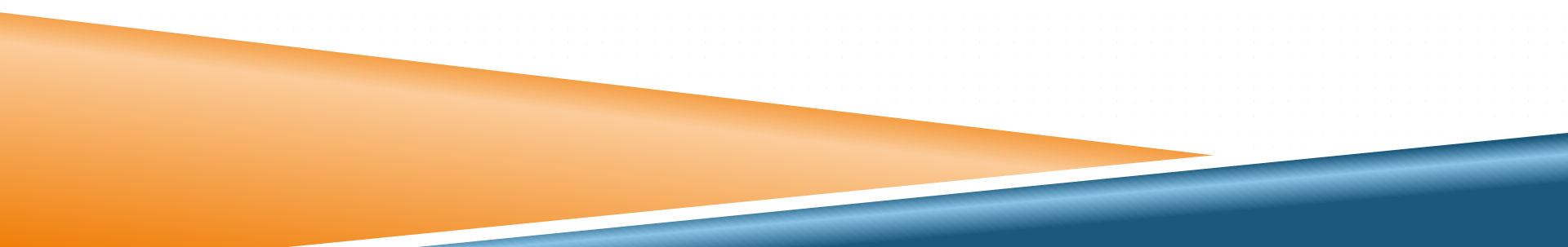
STATUS OF EVV

- ❖ In-home service providers should be consistently using EVV for ALL participants.
 - ❖ State staff are advising/educating participants of EVV requirements at time of assessment, reassessment, and as needed to ensure participants understand the reason for the requirement and risks imposed as a result of refusing to use EVV.
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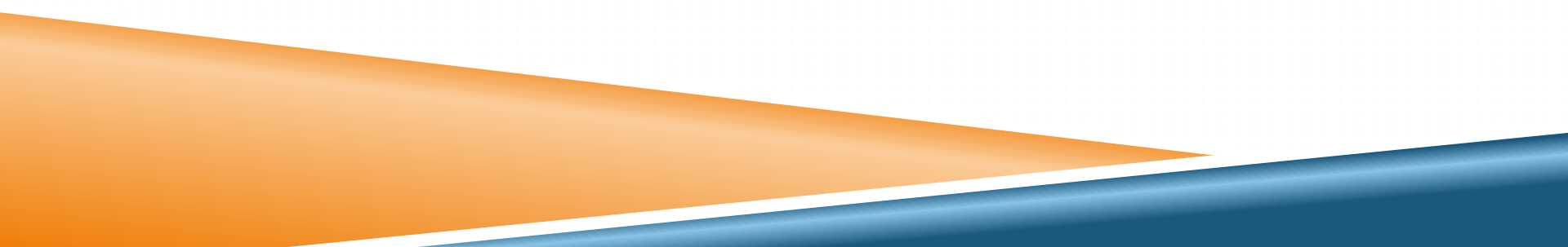
AGGREGATOR UPDATE

- ❖ The Request for Proposal (RFP) for the aggregator solution was posted for bid and the bidding period has closed. Aggregator proposals are currently under review with an anticipated award date in early 2021.
 - ❖ Following the aggregator contract award, interfacing specifications with the aggregator solution will be shared with EVV vendors and testing will begin.
 - ❖ Providers are responsible for ensuring their EVV provider is aware of the regulation requirements to interface with the aggregator solution and is monitoring the [State's EVV webpage](#) for guidance.
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PREPARING FOR IMPLEMENTATION OF THE AGGREGATOR SOLUTION

- ❖ MMAC is collecting information related to EVV utilization by in-home service providers through completion of an attestation form.
 - ❖ Providers who do not complete the attestation or indicate they do not anticipate EVV compliance are at risk of losing their contract with MMAC.
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STATUS OF EVV REGULATION

- ❖ The existing regulation (19 CSR 15-9) is limited to services authorized by DSDS and will be rescinded/replaced effective 01/30/2021.
 - ❖ The new regulation (13 CSR 70-3.320) will be posted on the Missouri Register on 12/15/2020 and includes all services requiring the use of EVV.
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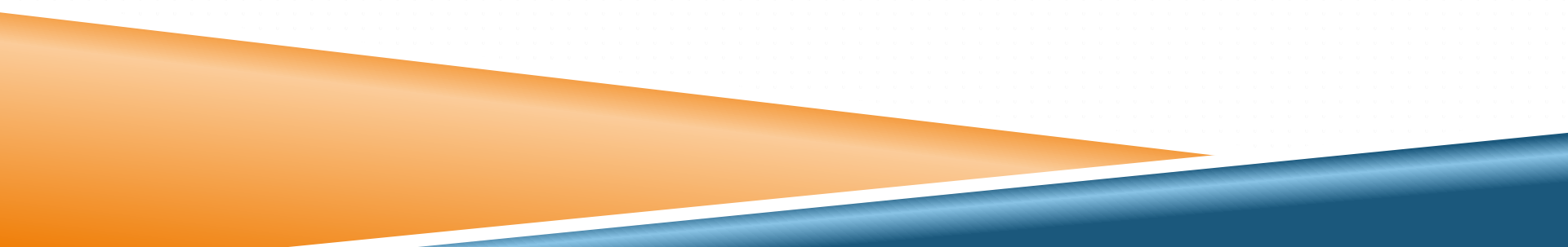
OVERVIEW OF NEW REGULATION

WHAT ARE THE KEY DIFFERENCES?

- ❖ EVV is applicable to all personal care services offered through the following State departments:
 - Department of Mental Health
 - Division of Developmental Disabilities
 - Department of Health and Senior Services
 - Bureau of HIV, STD and Hepatitis
 - Bureau of Special Health Care Needs
 - Division of Senior and Disability Services

OVERVIEW OF NEW REGULATION


WHAT ARE THE KEY DIFFERENCES?

- ❖ Participants who refuse EVV are no longer eligible to receive Medicaid funded personal care services.
 - There is no longer an opportunity to opt out of EVV usage.
 - CMS states there are no exceptions.
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OVERVIEW OF NEW REGULATION

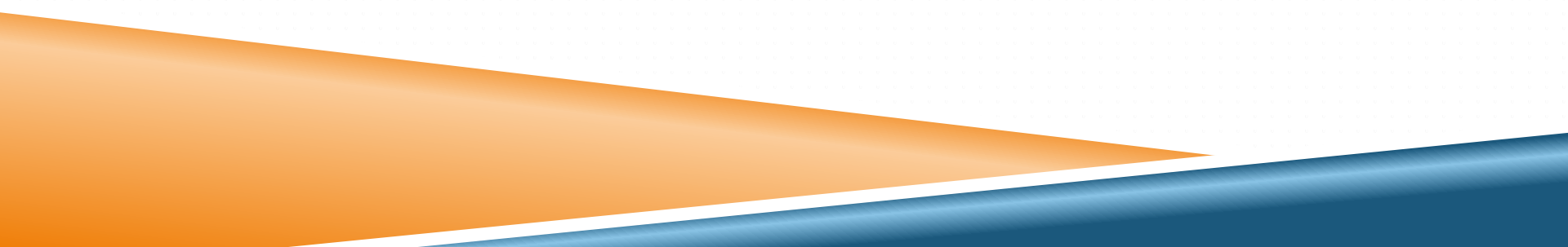
WHAT ARE THE KEY DIFFERENCES?

- ❖ Any entries made after the visit has concluded or updates to an existing entry will require a manual entry into the EVV system.

 - ❖ Any entry made to modify visit details must include the following information:
 - Date of the entry or modification
 - Time of the entry or modification
 - Reason for the entry or modification
 - Identity of the person making the entry or modification
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OVERVIEW OF NEW REGULATION

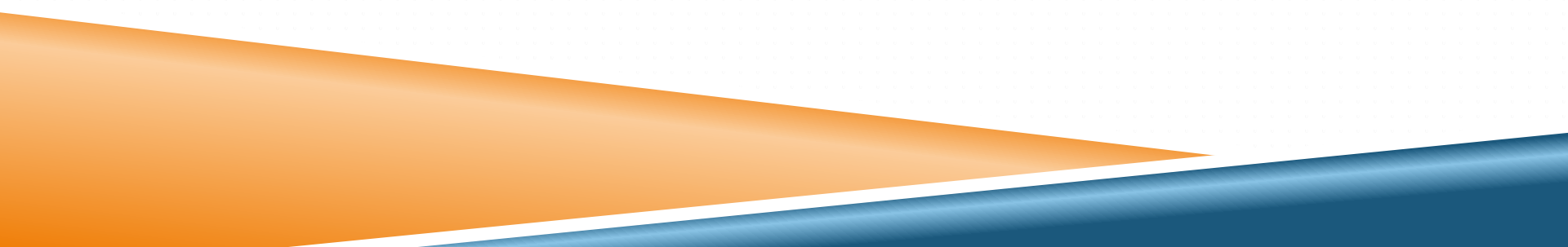
WHAT ARE THE KEY DIFFERENCES?

- ❖ State will use data to identify trends at a high level. If issues are discovered, additional documentation may be requested/audited.
 - ❖ If adjustments are made, a paper timesheet may be used as supporting documentation, but the paper timesheet does not replace the requirement to enter the information into the EVV system.
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OVERVIEW OF NEW REGULATION

WHAT ARE THE KEY DIFFERENCES?

❖ Requirement to verify location

- CMS requires location to be verified through use of location technology such as GPS for all EVV systems using mobile devices for data collection.
 - GPS not required if a landline phone is utilized.
 - GPS not required if there is a fixed object in the home of the participant.
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FOR MORE INFORMATION AND/OR ADDITIONAL QUESTIONS

- ❖ [DSS EVV Webpage](#)
- ❖ Email: Ask.EVV@dss.mo.gov