

PROVIDER BULLETIN

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ELECTRONIC VISIT VERIFICATION

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Electronic Visit Verification Requirements

As a result of the passage of the 21st Century CURES Act (<https://www.congress.gov/114/plaws/publ255/PLAW-114publ255.pdf>) in December, 2016, new federal laws for Electronic Visit Verification (EVV) go into effect on January 1, 2020. These requirements mandate the use of EVV for Medicaid funded personal care services including:

- Advanced Personal Care;
- Chore Services;
- Consumer Directed Personal Care;
- Homemaker Services;
- In-Home Respite;
- Personal Care; and
- Any of the services above reimbursed by a managed care organization.

NOTE: The EVV requirement is not limited to services explicitly titled Personal Care Services or Home and Community Based Services. If a service includes personal care services, even if it has a different name or also includes other services, it is subject to EVV. * Exceptions are listed below. The CURES Act mandates the utilization of EVV for home health services effective January 1, 2023.

EVV requirements are applicable to services authorized through the following agencies:

- Department of Health and Senior Services (DHSS)
 - Division of Community and Public Health
 - Bureau of Special Health Care Needs
 - Bureau of HIV, STD and Hepatitis
 - Division of Senior and Disability Services
 - Bureau of Home and Community Services
- Department of Mental Health (DMH)
 - Division of Developmental Disabilities

*EVV requirements do not apply in the following circumstances:

- Authorized Nurse Visits;
- Private Duty Nursing;

- Provider Reassessments;
- When assisting individuals with their necessary daily needs during delivery of other DMH HCBS waiver services; and
- Services provided in a residential/group setting.

EVV is a technology solution which verifies the delivery of Home and Community Based Services (HCBS) electronically as opposed to paper timesheets. There are multiple forms of EVV, including but not limited to telephone timekeeping, web or phone based applications using Global Positioning Systems (GPS), password generators using fixed objects and biometric recognition devices. As long as all of the statutorily mandated information (see below) is collected on personal care services, there is no requirement to utilize a specific form of EVV.

The CURES Act allows states to establish their preferred approach to EVV implementation. MO HealthNet Division (MHD) has opted to allow HCBS providers to select their own EVV vendor or system, allowing them to work with vendors who best suit their needs. HCBS providers are responsible for contracting with an EVV vendor, implementing a system that meets the standards of the CURES Act, and all expenses related to implementation and maintenance of the EVV system. HCBS providers who fail to comply with the EVV requirements outlined in this bulletin upon implementation of supporting regulation shall be disenrolled from participation in Medicaid funded personal care assistance programs.

At a minimum, all EVV systems utilized by HCBS providers are required to verify the following service delivery components:

- Type of service performed;
- The individual receiving the service;
- The date of the service;
- The location in which the service starts and stops;
- The individual providing the service; and
- The time service begins and ends.

All HCBS providers must work with participants to understand the importance and value of EVV in their care delivery. EVV utilization improves the accuracy of service delivery and enhances the participant's experience of care, as well as assists in the prevention of fraud and waste. Use of EVV is not intended to discourage the provision of needed services, but participants who refuse to comply are at risk of disenrollment from Medicaid funded personal care assistance programs.

While the Department of Health and Senior Services, Division of Senior and Disability Services has required HCBS providers delivering services through their agency to utilize EVV since February, 2016, there are important differences in requirements to be aware of:

- The new requirements are applicable to **all** personal care service providers delivering services through either the Department of Health and Senior Services or the Department of Mental Health;
- The information to be gathered by EVV systems has been modified to include additional elements, primarily the location of service delivery; and
- There is no longer an option for a service recipient to opt out of use of EVV to record visit details.

Additionally, while telephony continues to be an acceptable form of visit verification, alternative forms of EVV must be available in areas in which telephony is not feasible. There are multiple options which may better meet the needs of some HCBS providers and personal care service recipients. HCBS providers should be aware that inability to effectively use telephony will not be a valid reason to refrain from EVV utilization.

The MHD, DHSS and DMH are working collaboratively to develop regulation applicable to any agency responsible for the authorization of personal care services. Upon promulgation of such regulation, the current regulation (<https://www.sos.mo.gov/CMSImages/AdRules/csr/current/19csr/19c15-9.pdf>) will be rescinded and all HCBS providers shall comply with the new regulation.

To ensure all personal care service provider agencies are in compliance with the CURES Act, MHD is in the process of acquiring a data aggregation solution. The data aggregator will collect data from all qualified EVV systems and convert it into a standardized format for analysis and reporting. Any vendor wishing to provide EVV services in Missouri will be required to interface with the aggregator solution and verify ability to collect and exchange all information mandated by the CURES Act and/or state regulation.

For more information regarding EVV, go to the MHD website at <https://dss.mo.gov/mhd/providers/electronic-visit-verification.htm> or email MHD's Strategic Initiatives Unit at Ask.evv@dss.mo.gov.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service
- MO HealthNet Managed Care

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

Provider Communications Hotline
573-751-2896