Electronic Visit Verification

Policy: 612
Section: Administrative Requirements

AB CFCS/PCS
Community Services Bureau
Senior and Long-Term Care Division

Purpose

This policy outlines requirements for contractors and providers regarding the mandated use of an Electronic Visit Verification (EVV) system for Community First-Choice Services(CFCS)/Personal Care Services (PCS) under ARM 37.40.1013. EVV helps ensure, track, and monitor timely service delivery and access to care for members. EVV also improves communication across the care coordination team, improving member outcomes through consistent care delivery, making worker activities transparent and measurable, reducing the likelihood of error or fraud, and increasing efficiencies through data collection, the tracking of required information, and automated claims processing.

EVV does not "track" participants or workers. It only collects the "location of service delivery" at the time of clock-in and clock-out. The EVV system can be accessed by a computer, smartphone, or tablet that has an internet connection. When a worker "clocks in" or "clocks out" for in-home services, the system collects the location of the device being used at that time, as well as the time, date, service provided, worker providing the service, and the participant receiving the service.

The State's EVV solution will work in offline mode. The visit data will be stored within the mobile application until the device is once again connected to cellular or WIFI service.

Criteria

The Department of Public Health and Human Services (DPHHS) has selected the Open Vendor model for EVV. This means the state has implemented an EVV solution that is free to providers who need a system. Providers with existing EVV systems that meet the DPHHS EVV compliance requirements, are certified by DPHHS, and capable of sharing data with the state's chosen aggregator can continue to use those systems.

Services Subject to EVV

The following service codes are subject to EVV requirements:

1. Community First-Choice Services
    - S5125, S5125 U9: Specially Trained Attendant
    - S5126, S5126 U9: Community Support Services
    - T1019, T1019 U9: Personal Assistance Services
    - T2001, T2001 U9: Medical Escort
2. Personal Care Services
    - S5126, S5126 U9: Community Support Services
    - T1019, T1019 U9: Personal Assistance Services
    - T2001, T2001 U9: Medical Escort

Process

Service Verification

The Department shall ensure that all providers who are subject to EVV use the procured system or an approved alternate EVV system to electronically track the following defined data specifications:

- Type of service performed,
- Individual receiving the service,
- Individual providing the service,
- Date the service was provided,
- Location of service delivery, and
- Time the service begins and ends in real time. (This is the actual time on the device when the service begins and ends.)

The provider agency administrator shall verify hours worked by the personal care attendant (PCA) prior to billing. The provider agency shall also verify any manual edits to visits.

Signatures

Member, PCA, and personal representative (PR) signatures are required. The State's EVV solution provides member-specific settings in instances where an individual is unable to sign. If a visit ends without a signature, the caregiver is required to enter an explanation of why that requirement could not be captured and was waived.

- If the PR is not present to sign at the end of each visit, a report can be exported and sent to the PR to approve the visit(s).
- Alternatives such as signing with initials or an "x" or using voice capture are acceptable.

Live-in Caregivers

EVV is required for all members who use CFCS and PCS, including those with a live-in caregiver.

- Live-in caregivers may choose to complete tasks via unscheduled, "on-the-fly" visits, or they may schedule blocks of time when most care is expected to be delivered.

Interactive Voice Response

Interactive voice response (IVR) is an alternative method of EVV compliance and must be prior approved. The use of IVR requires that shifts be scheduled in advance. Scheduling IVR shifts is the responsibility of the provider agency administrator. A member may apply for IVR when they meet at least one of the following criteria:

- They are unable to access/obtain a mobile device, tablet, or computer from which to clock in or out, or
- They live in a remote area with little or no cellular connectivity and do not have access to internet service.

The Department may periodically review IVR requests to ensure they continue to meet approval criteria. To apply for IVR, visit the EVV website at: IVR Form

Manual Edits

Exceptions to EVV that require manual edits are expected to be rare.

- Claims for services subject to EVV must be submitted through the State's EVV solution. When a visit cannot be captured via the mobile application, the provider administrator is responsible for creating a manual edit within the EVV system from which a claim can be generated.

Compliance

CFCS/PCS provider agencies will be subject to compliance reviews as outlined in ARM 37.40.1131, 37.40.1132, 37.40.1022, and 37.40.1023.

- The department will monitor compliance thresholds for each provider agency to verify that all visits are authorized and entered correctly through the mobile EVV app or the client's landline via IVR. The EVV compliance requirements are applicable to all participating providers who deliver services that require EVV. Failure to comply with the requirements may result in corrective action.

Remediation of Non-Compliance

Providers found to be non-compliant with EVV requirements will be notified of the findings and provided with an opportunity to correct the issues through the remediation process outlined below:

- In the event of non-compliance, program and project staff will work with the provider to address the issues and implement corrective actions.
- The provider will be given a specified timeframe to address identified issues and come into compliance with EVV requirements.
- The Department will conduct follow-up audits to ensure the provider has successfully remediated the non-compliance issues.
- If a provider fails to remediate non-compliance issues within the specified timeframe, or if the non-compliance issues are deemed to be severe or recurring, the provider may be sanctioned (i.e., not allowed to admit new members) or disenrolled as a provider.

Definitions

Electronic Visit Verification: A technology that automates the gathering of service information by capturing time, attendance, and care plan information entered by a home care worker at the point of care. EVV will give providers, care coordinators, members/guardians, and DPHHS staff access to service delivery information in real time, ensuring no gaps in care throughout the service plan. EVV is a requirement under 42 U.S.C. 1396b(l) of the 21st Century Cures Act and ARM 37.40.1013.

Aggregator: A function of the EVV vendor system that allows the state to compile all data and present it in a standardized format for review and analysis.

Electronic Visit Verification Vendor: The selected, statewide vendor that is providing the EVV solution for the state of Montana.

Alternate Electronic Visit Verification System: Any EVV system(s) chosen by a provider as an alternate to the selected statewide EVV vendor that meets DPHHS EVV certification requirements.

References	Section 12006(a) of the 21st Century Cures Act; Administrative Rules of 37.40.1013, 37.40.1022, 37.40.1023, 37.40.1131, and 37.40.1132
Supersedes	New Policy