Electronic Visit Verification (EVV)

OAAS-TNG-20-004
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Overview

- Introduction to the 21st Century Cures Act
- Review EVV policy
- Review Connectivity Form
- Q & A
The 21st Century Cures Act

Background

▶ H.R 34, the 21st Century Cures Act, was signed into law on December 13, 2016.

▶ The Cures Act requires **ALL 50 states** to implement an Electronic Verification Visit (EVV) system by January 1, 2020 for Personal Care Services (PCS).

▶ Sec. 12006 of the Act specifically addresses EVV for Personal Care Services and Home Health Care services provided through Medicaid.

▶ The state must comply with the Federal Requirements of EVV in order to receive Federal Medical Assistance Percentage (FMAP).
The 21\textsuperscript{st} Century Cures Act

EVV Requirements

- EVV Systems must verify:
  - \textbf{Type} of service performed;
  - \textbf{Individual receiving} the service;
  - \textbf{Date} of the service;
  - \textbf{Location} of the service delivery;
  - \textbf{Individual Providing} the service; and
  - \textbf{Time} the service begins and ends
EVV Policy

Purpose

The EVV system will:

- ensure that recipients are receiving services authorized in their Plan of Care,
- reduce inappropriate billing/payment,
- safeguard against fraud, and improve program oversight.

The EVV system utilizes a database that can be accessed by a computer, smart phone, or tablet that has an internet connection.
EVV Policy

Which providers must use the EVV system?

The following OAAS providers MUST utilize the EVV system:

- Adult Day Health Care (ADHC),
- All In-Home Personal Assistant Services (PAS),
- All In-Home Long Term – Personal Care Services (LT-PCS), and
- Self-Direction.
EVV Policy

Policy Requirements for PROVIDERS:

► Each provider type must develop and maintain an **internal policy** regarding proper use of the EVV system. The policy must include:
  
  - Requirements for workers to electronically clock in/out when services are rendered.
  - Guidelines for editing electronically captured services.
  - Prohibition of sharing passwords and/or log in information.
EVV Policy

Policy Requirements for PROVIDERS (cont’d):

- Proper clock in/out processes.
- Process for reporting time if a worker is unable or forgets to clock in/out.
- Process for obtaining signed documents from every user, ensuring acknowledgement and understanding.
- Guidelines for monitoring EVV compliance.
EVV Policy

Regarding Manual Entries:

- When a manual entry is entered, the following information MUST be included:
  - Participant's Name,
  - Date,
  - Exact arrival and/or departure time, and
  - Specific reason for the manual entry.

- **NOTE:** Do NOT use acronyms. Entries of N/A, or similar entries are NOT acceptable and may cause the manual entry to be rejected.
EVV Policy

Regarding Manual Entries (cont’d):

▶ Providers MUST keep the following supporting documentation related to each manual entry:

▪ Printed name of participant.
▪ Worker’s printed name, signature, and date.
▪ Supervisor/timekeeper’s signature and date.
▪ Worker’s statement attesting that the reported time is true and accurate.

▶ These records will be retained by the provider in accordance with the applicable retention policy for the program under which the services were delivered.
Manual Entries (cont’d)

Time & Attendance Print out:

LaSRS Manual Service Entry/Change
Client :RECIPIENT, OAAS
Procedure Code :S5100 - ADULT DAY HEALTH CARE
DSW :AGENCY.DSW
Service Date :01/17/2020
Service Start :09:00
Service End Date :01/17/2020
Service End :11:00
Reason For Manual Entry :Test Reason
Manual Entry/Change By :AGENCY SUPERVISOR
EVV Policy

Utilization Thresholds

▷ LDH maintains a web page for providers to access information regarding EVV.

▷ Providers are required to abide by the published thresholds in the EVV policy.

▷ The post authorization process will block units for services that are manually entered over the established allowable percentage.

▷ Once EVV reported services come back into compliance with the established threshold, previously blocked services will be released.
EVV Policy

Utilization Thresholds - Exceptions

The following circumstances for manually entered services will NOT be counted against the established threshold:

- Services provided in an area without cellular or internet connectivity.
  - This exception requires additional documentation which must be verified by a provider supervisor/designee, submitted to LaSRS, and is time limited.
- Services provided by a worker during the first 30 calendar days of their employment.
- Services provided to a consumer before the prior authorization is available in LaSRS.
EVV Policy

Connectivity Form

►ONLY for use when services are being delivered in an area where there is limited or no connectivity to record the electronic clock in/out.

►MUST be completed by a provider supervisor or designee.
  ▪Workers CANNOT complete form for submission.

►The connectivity form must be filled out completely and the information entered into to LaSRS.

►Connectivity forms are valid for 1 year.*
Connectivity Form

LaSRS Connectivity Test

Agency Name: ____________________________________________

Agency Phone Number: __________________________ Region: _____

Agency Administrator: _______________________________________

Waiver/State Plan Program: (check all that apply for the participant)

☐ Community Choices Waiver
☐ New Opportunities Waiver (NOW)
☐ Supports Waiver (SW)

☐ Children’s Choice Waiver
☐ Residential Options Waiver (ROW)
☐ Long Term PCS
Connectivity Form

Form (cont’d)

Participant Name: ____________________________________________

Physical Address Tested: _______________________________________

Location Name:  □ Participant Home    □ Participant Work

□ Other: ______________________________________________________

Device Used for Testing: _______________________________________

Owner of Device: ______________________________________________

Service Carrier for Device: _____________________________________
Connectivity Form

Form (cont’d)

I attest that the device tested here is the same device that is normally used to electronically check in/out at this service address.  ☐ Yes  ☐ No

If no, why not?

__________________________________________________________________________________

Indicate the reason why this device was not able to record EVV at this service address.

__________________________________________________________________________________

Name of person conducting the test:

__________________________________________________________________________________

Signature  Printed Name

Date of Test  Title
Connectivity Form

Form (cont’d)

The connectivity data should be entered into LaSRS by a user with a supervisor level role. The electronic form is located under the HELP tab in LaSRS.
Questions?

EVVHelp@la.gov
References


- Louisiana Department of Health Electronic Visit Verification (EVV) webpage: http://ldh.la.gov/index.cfm/page/2091
