

## Electronic Visit Verification (EVV)



OAAS-TNG-20-004

Issued January 27, 2020

# Overview

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

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# The 21<sup>st</sup> Century Cures Act

## Background

- ▶ H.R 34, the 21<sup>st</sup> 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<sup>st</sup> Century Cures Act

## EVV Requirements

- ▶ EVV Systems must verify:
  - **Type** of service performed;
  - **Individual receiving** the service;
  - **Date** of the service;
  - **Location** of the service delivery;
  - **Individual Providing** the service; and
  - **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**

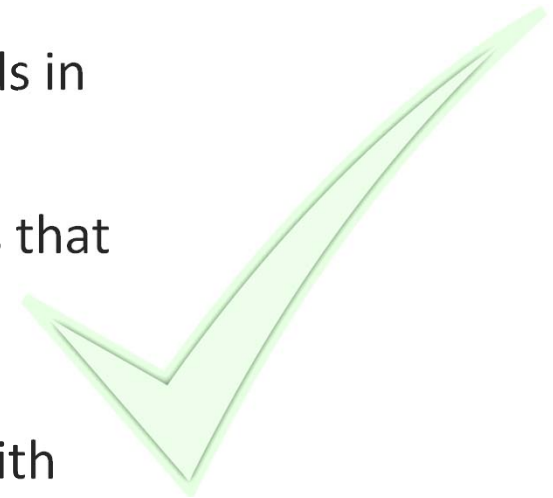
**Reason For Manual Entry :Test Reason**

**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

Children's Choice Waiver

New Opportunities Waiver (NOW)

Residential Options Waiver (ROW)

Supports Waiver (SW)

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.

The screenshot displays the LaSRS web application interface. On the left is a dark navigation sidebar with the LaSRS logo at the top and menu items: Dashboard, Data, Emergency Preparedness, Mapping, MFP, Molina Data, and Reports. The main content area is divided into three sections: Alerts (red header), News (blue header), and a dropdown menu. The dropdown menu is open, showing options: Provider Manual, GPS Troubleshooting, LaSRS Connectivity Form (circled in red), Connectivity Form Help, and Contact Us. The top right of the interface includes an Agency Search bar, a Help dropdown (circled in red), and the user name Melanie Richard.

# Questions?

[EVVHelp@la.gov](mailto:EVVHelp@la.gov)

**Louisiana Department of Health**

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(225) 342-9500

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# References

- ▶ H.R 34, “21<sup>st</sup> Century Cures Act”:

<https://www.congress.gov/114/bills/hr34/BILLS-114hr34enr.xml#toc-H5219EA34CF774B1396EA1828B7D10163>

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

- ▶ LaSRS Provider Manual:

[http://documents.statres.com/Provider\\_Manual.pdf](http://documents.statres.com/Provider_Manual.pdf)

- ▶ CMS Frequently Asked Questions: <https://www.medicaid.gov/federal-policy-guidance/downloads/faq051618.pdf>