

## ELECTRONIC VISIT VERIFICATION (EVV) POLICY AND PROCEDURES

### OVERVIEW

On December 13, 2016, the U.S. Congress passed a bill called the “Cures Act”. This Act specifically requires states to collect identifiable information for Home and Community-Based Services (HCBS) Waiver and state plan services that are provided to participants. To comply with these federal requirements, Louisiana Department of Health (LDH) implemented the state sponsored EVV system, Statistical Resources, Inc. (SRI)’s Louisiana Service Reporting System (LaSRS®). The intent of this EVV system is to help ensure that participants receive services as authorized in their Plan of Care (POC), reduce inappropriate billing/payment, safeguard against fraud, replace paper timesheets and improve program oversight.

LaSRS® will collect the following information through electronic means, also known as “Electronic Visit Verification (EVV)”:

- The type of service performed;
- The individual receiving the service;
- The date of the service;
- The location of service delivery;
- The individual providing the service; and
- The time the service begins and ends.

LaSRS® does not “track” participants or workers. It **only** collects the “location of service delivery” at the time of clock in and clock out. This EVV system utilizes a database that can be accessed by a computer, smart phone, 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. For center-based services, when a participant is clocked in or clocked out, the system collects the name of the participant receiving this service, the location of the device being used at that time, as well as the time, date and service provided.

**NOTE: When there are overlapping services between an EVV record and a manual entry record, the EVV record units will be released and the manual record units will be blocked for overlapping time.**

The following Office of Aging and Adult Services (OAAS), Office for Citizens with Developmental Disabilities (OCDD), Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Personal Care Services (PCS), home health and Behavioral Health Personal Care services providers must utilize an EVV system:

- OCDD Supported Employment;
- OCDD Center-Based (Day Habilitation, Prevocational Services, Center Based Respite);
- OAAS and OCDD Center-Based [Adult Day Health Care (ADHC)];
- OAAS and OCDD In-Home Personal Care Attendants (PCAs), including those participating in the Self-Direction option;
- Nursing and/or therapy rendered in the home;
- Behavioral Health Personal Care Services (PCS); and
- EPSDT Personal Care Services (PCS).

Providers of these services must use the state sponsored EVV system, LaSRS® or have an EVV system that has met the integration requirements for a third party EVV system.

**NOTE: For data integration process/documents, email [EVVHelp@la.gov](mailto:EVVHelp@la.gov).** The policies and procedures listed below apply to all service types, **except** for those participants in the Self-Direction option. The EVV policies and procedures pertaining to the Self-Direction option are found in the OAAS and OCDD Self-Direction Handbooks.

## **PROVIDER POLICY REQUIREMENTS**

Provider must develop and maintain the following written internal policies regarding proper use of the EVV system:

- Requirements to electronically clock in/clock out for services rendered to participants.
- Prohibition of sharing passwords and/or log in information.
- Recognition that logging in under another user's credentials is fraudulent.

**NOTE: Logging into the system represents the user's signature, therefore logging in under another user's credentials is like signing another user's name to a form.**

- Proper clock in/clock out processes per program requirements and/or the participant's Plan of Care.

- Guidelines for editing electronically captured services.
- Processes for reporting time if the electronic clock in/clock out is not recorded.
- Documentation requirements for manually entered or edited records.
- Process for obtaining signed attestations from every individual granted access to the EVV system. Periodic training and/or reminders are recommended.
- Process and timelines for terminating an individual's access to the system once the individual is no longer employed by the provider.
- Guidelines for monitoring EVV compliance.

Providers must train staff on these policies and procedures and maintain a signed attestation document that the workers have read and understand all of the EVV requirements.

### **LaSRS® CONNECTIVITY TEST FORM PROCESS FOR IN-HOME SERVICE PROVIDERS**

Providers of in-home services must ensure their workers have access to a device that allows them to log on to the EVV system to electronically clock in/out. If services are provided in an area where there is **limited or no internet connectivity due to service location**, the provider's supervisor/provider's designee **MUST physically** go to the service location (i.e. home) and complete the LaSRS® Connectivity Test form. The results must be documented on the LaSRS® Connectivity Test form and uploaded into LaSRS®. Workers **MAY NOT** complete the LaSRS® Connectivity Test form.

All services manually entered into LaSRS® as a result of the connectivity test form process are subject to the **DOCUMENTATION REQUIREMENTS FOR MANUAL ENTRIES** section of this document.

The LaSRS® Connectivity Test form is valid for one year from the date of completion and automatically expires at the end of one year. Prior to the form expiring, the supervisor/provider's designee (not the worker) **MUST physically** go to the service location (i.e. home) to determine if there **continues** to be a connectivity issue. If the supervisor determines that there is still limited or no internet connectivity, then a new LaSRS® Connectivity Test form must be entered into LaSRS®. If a new LaSRS® Connectivity Test form is NOT entered into LaSRS® prior to the expiration of the current LaSRS® Connectivity Test form, then the services manually entered will be counted against the EVV threshold, if applicable.

The following are **NOT** valid reasons to complete a LaSRS® Connectivity Test form:

- Worker's phone/device does not have a data plan or minutes left on the data plan;
- Worker does not have access to a device that can connect to the internet;
- Workers device is broken, missing, or otherwise unavailable for clock in/clock out;
- Worker is unable to use the EVV system.

## **UTILIZATION THRESHOLDS FOR IN-HOME SERVICE PROVIDERS**

Providers of in-home services must meet the 80% utilization threshold for EVV. An EVV record is defined as having both an EVV clock in and an EVV clock out. The post authorization process will block units for services that are manually entered or edited over the 20% allowance threshold. Once EVV reported services meet the 80% compliance standard, previously blocked services will be released for payment to the provider.

**NOTE: Currently, EPSDT PCS and OBH PCS providers are exempt from the 80% threshold; however, compliance with EVV requirements is reviewed on a monthly basis for both EPSDT PCS and OBH PCS. If services are not collected via EVV, the provider may be blocked for payment.**

The following circumstances for manually entered services will **NOT** be counted as part of the 20% allowance threshold:

- Services provided in an area without cellular or internet connectivity. The provider must follow the LaSRS® Connectivity Test Form Process stated above.

**NOTE: Instructions to the LaSRS® Connectivity Test form are also available in LaSRS®.**

- Services provided by a worker during the first 30 calendar days of employment with the provider.
- Services provided to an individual before the prior authorization is available in LaSRS.

**NOTE: Services cannot be electronically captured in LaSRS® unless there is a current prior authorization in the system. Providers are responsible for ensuring they have authorization to provide services.**

All manual entries will be counted against the 20% allowance threshold. **Effective January 1, 2022, the following will be counted against the 20% allowance threshold:**

- Partial EVV records (only clock in or clock out was captured via EVV);

- EVV records edited to add time to the beginning of a shift;
- EVV records edited to add time to the end of a shift;
- EVV records with a begin date that is edited; and/or
- The worker providing the service is edited.

A 90 day rolling lookback period is utilized to determine if a provider is in compliance. Once a provider drops below the 80% threshold, all manual and edited records entered below the threshold will be blocked until the provider's compliance average is 80% or more for 90 consecutive days.

## **DOCUMENTATION REQUIREMENTS FOR MANUAL ENTRIES**

Manual Entries:

A provider must enter the following required information into the system for **ALL** manual entries:

- Participant's name;
- Service delivered;
- Date and exact arrival and/or departure times by the worker;
- Worker who provided the service; and
- Specific reason for the manual entry.

Providers must keep supporting documentation of all **manual** entries (e.g. timesheets, etc.). This requirement also applies to services where internet or cell service is not available and a Connectivity Test Form has been completed. Supporting documentation for all manual entries must include at minimum the date, exact clock in and clock out, type of service entered into LaSRS® or the third party EVV system, in addition to the following:

- Printed name of participant;
- Worker's printed name, signature, and date; and
- Supervisor/designee signature and date.

A worker's signature on the documentation indicates that the reported time is true and accurate.

### Edited EVV Entries:

An EVV entry should only be edited with appropriate documentation, which includes a description of the edit, participant’s name, date of service and name of worker who delivered the service. Additionally, the entry must include the reason for the edit in the EVV system.

If time is **removed** from the beginning or end of a shift due to overlapping services, or to reduce the amount of units to be released for billing, then documentation of who made the edit and why is required, including the signature of the individual making the edit. If time is added to an entry, the documentation must **also** include the signature of the worker to validate that the time is true and accurate. Verbal confirmation of a worker’s missing or additional time is not acceptable.

All supporting documentation of manual or edited entries **MUST** be retained in accordance with LDH’s required record retention policy.

### REQUIREMENTS FOR THIRD PARTY EVV SYSTEMS

In addition to the requirements of this EVV Policy, providers using a system other than the State’s EVV system must ensure their EVV system electronically captures the bulleted information listed in the Overview section above. Providers must also ensure that the third party EVV system is compliant with the requirements listed in the “Attestation for Providers Utilizing Their Own EVV System”. That document is located at the following link:  
[https://ldh.la.gov/assets/Medicaid/EVV/250324\\_Attestation\\_for\\_Providers\\_Utilizing\\_Their\\_Own\\_EVV\\_System.pdf](https://ldh.la.gov/assets/Medicaid/EVV/250324_Attestation_for_Providers_Utilizing_Their_Own_EVV_System.pdf).

**NOTE: The attestation should be signed annually, or whenever there is a change in ownership or the executive director, to ensure ongoing compliance.**

If LDH determines that the third-party EVV system does not meet these requirements through design or proper use, the provider will not be allowed to use the system to meet the state requirements for reporting EVV information for delivered services. The provider will be required to use the State’s EVV system.

**LDH will monitor services entered or submitted into LaSRS® by all providers to ensure proper use of EVV. LDH may make referrals to Program Integrity and/or the Attorney General’s office for suspected fraud or other policy violations.**

#### Revision History

Date	Changes
12/5/2019	Initial issue
5/11/2021	Updated EVV compliance from 90% to 80%
11/19/2021	Renamed to EVV Policy and Procedures; clarified language throughout document; EVV not blocked if overlapping with manual or edited entries; excludes EPSDT from threshold requirements; added edited entries and partial EVV entries to threshold.

1/26/2023	Added 90 day rolling lookback period for threshold compliance; updated manual and edited entries documentation requirements; added Behavioral Health Personal Care Services.
8/18/23	Added references to home health care services for implementation.
3/24/25	Updated link for the Attestation for Providers Utilizing Their Own EVV System form
3/9/26	Added language stating that a signature from the business owner or executive director is required annually for the attestation.