



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**  
DIVISION OF MEDICAID

# Electronic Visit Verification

Provider Best Practice Guidance

# Electronic Visit Verification Provider Best Practice Guidance

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## PURPOSE

The Division of Medicaid under the Idaho Department of Health & Welfare has developed this guidance to support providers impacted by Section 12006 of the 21<sup>st</sup> Century Cures Act. This section mandates states to implement Electronic Visit Verification (EVV) for all personal care services (PCS) and home health services that require an in-home visit by a provider.

This document is intended to serve as a reference document, including best practice suggestions and additional information regarding EVV requirements and implementation in the state of Idaho. It will be updated on a routine basis. This document is not a policy document. Please refer to Idaho Administrative Code (IDAPA) for rule requirements and the Idaho Medicaid Provider Handbook for additional information.

## Background

Section 12006 of the 21<sup>st</sup> Century Cures Act indicates states must require EVV for PCS providers by January 1, 2020 and for home health providers by January 1, 2023. The state of Idaho has received a Good Faith Effort (GFE) extension from the Centers for Medicare and Medicaid Services (CMS), providing the state additional time to work on EVV implementation for impacted personal care services, meaning EVV will not be required for PCS and home health providers until January 1, 2021.

At minimum, EVV systems must capture the following six requirements:

1. Type of service performed
2. Individual receiving the service
3. Date of service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

## Impacted Services

The EVV Project Team (operating through the Division of Medicaid) completed a service analysis on April 10, 2019 to determine which services offered through Idaho Medicaid would fall under the scope of EVV. Services offered within the Bureau of Long Term Care, the Bureau of Developmental Disabilities and Bureau of Medical Care were evaluated using the following six criteria:

1. State Plan or Waiver Program – Service Type
  - Personal Care Services (PCS) or Home Health Services (HHS) providers
2. Social Security Authority
  - All PCS/HHS offered under authority of 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and 1115
3. Service Location
  - PCS/HHS requiring an in-home visit of service for set-up
4. Residential Setting

- PCS/HHS delivered in a congregate residential setting where 24-hour service is available (typically a per diem rate) are excluded from requiring EVV
5. Service Definition and Scope
- PCS/HHS supporting Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs)
6. Billing Components
- PCS including ADLs and IADLs as required components for reimbursement

The following services were determined to be within the scope of the EVV mandate:

| Program                                     | Services   |
|---|--|
| Aged and Disabled Waiver and State Plan PCS | Attendant Care (S5125)<br>Homemaker (S5130)<br>Personal Care Services (T1019)<br>Respite (if rendered by a Personal Assistance Agency) (T1005)   |
| Home Health                                 | Skilled Nursing (revenue code 551)<br>Physical Therapy (revenue code 421)<br>Occupational Therapy (revenue code 431)<br>Speech Therapy, Audiology Services (revenue codes 441, 470, 471, 472)<br>Home Health Aide (revenue code 571) |

## PURCHASING AN EVV SYSTEM

Impacted Idaho Medicaid providers, including Personal Assistance Agencies and Home Health Agencies are responsible to purchase an EVV system that meets the identified requirements and that is compatible with the state’s aggregator, Sandata.

The EVV Project Team encourages providers to start exploring EVV solutions on the market and identify which program best suits each agency’s business needs. At minimum, the system must meet the requirements defined in the 21<sup>st</sup> Century Cures Act (captures 6 data elements for each service visit). EVV vendors that have experience working with the aggregator offered by Sandata in other states can speak to that experience to providers researching EVV platforms.

Idaho Medicaid and impacted stakeholders have identified a list of questions providers may consider asking EVV vendors as they are researching systems. It is not mandatory for providers to use this tool to acquire EVV platforms. It is intended to help providers make informed decisions about their desired EVV solution. Please note that providers are still required to comply with Idaho Administrative Code and the provider handbook requirements for service delivery documentation unrelated to the implementation of EVV. Providers are encouraged to use the questions below to identify if available EVV platforms may be used to find business efficiencies by complying with EVV and existing documentation requirements using the same platform.

## SYSTEM QUESTIONS

1. Does your EVV system capture the minimum requirements defined by the 21<sup>st</sup> Century Cures Act?
2. Does your system store information in a secure, HIPAA-compliant format?
3. Which technologies are available for collecting visit data using your EVV system? (e.g. telephony, smart phone application (“app”), fixed object (“FOB”))
  - a. Telephony
    - i. How does your system capture each of the requirements using this method?
  - b. App
    - i. How does your system capture each of the requirements using this method?
    - ii. How is location verified using this method?
    - iii. Is the app available for smart phones and tablets?
    - iv. Is the app available for iOS and Android?
    - v. Is the app download free?
  - c. Fixed Object (FOB)
    - i. How does your system capture each of the requirements using this method?
    - ii. How do you use your FOB?
    - iii. Is there a fee associated with using the FOB?
    - iv. Is the FOB rechargeable or battery operated?
4. How does your system work in areas without cellphone reception or WIFI access?
5. Does your system require care plans or schedules to be added to the system to verify the minimum EVV requirements?
6. Is your EVV system accessible to participants that may need accommodations due to varying abilities, such as physical disabilities, cognitive disability, blind or low vision, etc?
7. Is your EVV system available in multiple languages?
8. Is your system **currently** compatible with the aggregator offered through Sandata?  
*Note: Systems not currently compatible with Sandata will likely require testing. There may be some additional costs to the provider associated with this system testing.*

## VISIT INFORMATION

1. Does your system allow multiple service codes to be logged during a single visit?
  - a. Does this require direct care staff to clock-in/out for each service code?

2. If there are multiple individuals receiving services in the home, how will the system differentiate who is receiving the service?
3. What methods are available for post-visit review of visit information?
  - a. Office staff
  - b. Participants

## OTHER

1. What fees are associated with using your system?
  - a. Annual licensing fee?
    - i. Does one license cover multiple office staff? Direct care staff?
  - b. Maintenance fee?
  - c. Fee per entry? (Including participants and direct care staff)
  - d. Per-visit fee?
  - e. Fee associated with testing with the state's aggregator?
2. Do you have a customer service support team available?
  - a. Is there a fee for accessing the support team?
  - b. What are the customer support hours?
3. Do you provide system training?
  - a. How is this training completed?
  - b. Is training available for direct care staff? Is there additional cost associated with this?
  - c. Is training available for participants? Is there additional cost associated with this?

## Exceeding the Minimum Requirements

Most EVV systems include additional capabilities such as scheduling components and internal messaging. Providers may find those add-on features create business efficiencies and provide oversight that is beneficial to ongoing monitoring and internal quality improvement strategies. We have included additional questions below that may be beneficial for providers looking to use EVV for additional purposes.

## VISIT INFORMATION

1. Does your system allow direct care staff to document each individual care task delivered?
  - a. How does this look using each method? (i.e. Telephony, App, FOB)
2. How do participants verify the care tasks provided during each visit?
  - a. How does this look using each method? (i.e. Telephony, App, FOB)
  - b. Is a participant signature required before direct care staff can clock-out?
3. Does your system use geofencing?
  - a. If a geofence is utilized, what is the range?

- b. If geofence is utilized, is a map provided to show the check-in/out location?
4. Does your system include a mechanism for direct care staff or participants to make notes about a visit?
  5. Does your system require a note if a care task was refused or not documented?

## SCHEDULING

1. Does your system include a scheduling feature?
  - a. Staff
  - b. Participants
2. Do new participants or schedule updates appear in the EVV system instantly?
3. If a schedule is added to a participant file and the direct care staff shows up at a different time, will the system automatically log the correct visit start-time? Or is a manual correction required?

## OTHER

1. Does your EVV system issue alerts?
  - a. Direct care staff no-show
  - b. System failure
  - c. Transmission of visit data to the system
2. Is your system compatible with other billing or scheduling software?
  - a. What type of file upload is required? (i.e. Comma-separated values - CSV)
3. Does your system include internal reporting features for office staff to pull and review data?
  - a. Is there an additional cost to access reporting features?
  - b. What types of reports are included?
4. Does your system include instant messaging or text blast functions?
  - a. To notify staff of open shifts
  - b. To communicate with the participant (office-participant, direct care staff-participant)
5. Does your system have the capability of capturing electronic care plans, service agreements, consents, etc.?
6. Does your system allow for printing of records?
7. Is your system customizable? (i.e. drop-downs, user menu options, etc.)

## ADDITIONAL INFORMATION

For additional information regarding the Electronic Visit Verification project, please visit our website: <http://evv.dhw.idaho.gov>

## VERSION HISTORY

| Date   | Version |
|--------|---------|
| 1/2020 | V1.0    |

APPENDIX A: FREQUENTLY ASKED QUESTIONS

## ELECTRONIC VISIT VERIFICATION PROJECT

### FREQUENTLY ASKED QUESTIONS

| Question  | Answer  |
|---|---|
| <b>What is Electronic Visit Verification (EVV)?</b> | Electronic Visit Verification (EVV) is a system that captures information about a service visit to a participant’s home. At minimum, the EVV system must capture the following six data elements for each visit: type of service performed, individual receiving the service, date of service, location of service delivery, individual providing the service, and time the service begins and ends.  |
| <b>Why is EVV required?</b>                         | Congress signed the 21 <sup>st</sup> Century Cures Act into law on December 13, 2016. Section 12006 requires state Medicaid programs to implement EVV for home health services and specific home and community-based services.  |
| <b>Which EVV model is being used?</b>               | Idaho has selected the Open model, meaning a provider may use their EVV system of choice so long as it meets the minimum requirements identified by Idaho Medicaid and is compatible with the state’s EVV aggregator.   |
| <b>What services are impacted by EVV?</b>           | <p>States are required to implement EVV for personal care services (PCS) under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115 of the Social Security Act, and home health services (HHS) provided under 1905(a)(7) of the Social Security Act, or those offered under a waiver or demonstration project.</p> <p>The following services offered through Idaho Medicaid have been identified “in-scope” by the Idaho EVV Project Team:</p> <ul style="list-style-type: none"> <li>• State Plan PCS (T1019)</li> <li>• Aged and Disabled (A&amp;D) Waiver Services <ul style="list-style-type: none"> <li>○ Attendant Care (S5125)</li> <li>○ Homemaker Services (S5130)</li> <li>○ Respite (T1005) when rendered by a Personal Assistance Agency (PAA)</li> </ul> </li> </ul> |

| Question  | Answer   |
|---|--|
|   | <ul style="list-style-type: none"> <li>• Home Health Services               <ul style="list-style-type: none"> <li>○ Nursing Services</li> <li>○ Physical Therapy</li> <li>○ Occupational Therapy\Speech-Language Pathology</li> <li>○ Aide Services</li> <li>○ Audiology Services</li> </ul> </li> </ul>  |
| <p><b>Why aren't other home and community-based services included?</b></p>  | <p>The 21<sup>st</sup> Century Cures Act identifies specific authorities in which EVV applies. The Idaho EVV Project Team evaluated all services offered in the state under those authorities to determine if EVV was required by the mandate and with stakeholder input, the project team has recommended implementing EVV with the minimum requirements defined in section 12006 of the 21<sup>st</sup> Century Cures Act. Providers may opt to utilize EVV for other services. We encourage you to review the documentation requirements currently in place before implementing EVV.</p>                  |
| <p><b>Are Developmental Disability (DD) services excluded from EVV?</b></p> | <p>Adult and children's development disability services were determined to be out of scope by the Idaho EVV Project Team. This determination was reached after reviewing service definitions and identifying that while some of the services provide assistance with Activities of Daily Living (ADLs), that assistance is ancillary to the service itself; the service definition does not specify the service is to primarily provide support with ADLs.</p>   |
| <p><b>Is Residential Habilitation in scope of EVV?</b></p>                  | <p>The Idaho EVV Project Team evaluated Residential Habilitation in April 2019 and at the time determined it to be out of scope as the service is structured as a 24-hour per day service and the service definition is primarily oriented to <i>Instrumental</i> Activities of Daily Living rather than ADLs. Idaho Medicaid submitted information to the Centers for Medicare and Medicaid Services (CMS) outlining why we have excluded Residential Habilitation from the project scope. We are currently reviewing the guidance from CMS to determine next steps regarding Residential Habilitation.</p> |

| Question  | Answer   |
|---|--|
| <b>Will there be a rate increase for providers impacted by EVV?</b>   | Idaho Medicaid has submitted a budget request to the Idaho Legislature requesting a rate increase for Personal Assistance Agencies (PAAs) for Personal Care Services, Attendant Care, Homemaker, and Respite.  |
| <b>How will EVV be implemented in rural areas of Idaho?</b>   | The Idaho EVV Project Team has launched stakeholder workgroups to assist the state in identifying strategies to ensure EVV may be implemented for all impacted providers and participants, regardless of their business location and residence.  |
| <b>Will providers be required to retain paper records?</b>  | Currently, Idaho Administrative Code (IDAPA) requires PAAs to retain copies of service delivery records in a participant’s home. The Bureau of Long Term Care (BLTC) will be exploring IDAPA changes to align existing rule with the implementation of EVV.  |
| <b>Will Idaho offer a blended rate for Personal Care Services (PCS)? There are no systems that capture service code splits without clocking in and out each time.</b> | The Idaho EVV Project Team and Medicaid Administration have determined that pursuing a “blended rate” for personal care and A&D waiver services is out of scope of the EVV project. We encourage impacted providers to discuss system capabilities with their EVV vendor of choice.  |
| <b>When will providers be expected to begin complying with these new regulations?</b>   | The current implementation date is January 1, 2020; however, the state of Idaho has been granted a Good Faith Effort extension by CMS, allowing us a deferred implementation date of January 1, 2021. We are currently in the early stages of implementing EVV. We intend to work with providers and other interested parties to determine the next steps Idaho Medicaid and providers will need to take to move into compliance with the new regulations. |
| <b>Will EVV impact timeliness of provider payments?</b>   | States have the option to implement a claims adjudication process, meaning EVV data is transmitted with the billed claim to ensure alignment prior to payment. In cases where the EVV data and claims data do not match, it could impact timeliness of provider payments; however, Idaho has not made a final decision regarding this process.   |
| <b>How will participant privacy rights be protected?</b>  | The Idaho EVV Project Team and stakeholders are currently working to identify Idaho’s minimum standards for Electronic Visit Verification. One of those  |

| Question  | Answer   |
|---|--|
|   | components will be to address participant privacy and ensure all applicable information is stored securely, and according to local, state and federal rules and regulations.   |
| <b>Is implementing EVV creating barriers to care?</b> | Electronic Visit Verification is intended to benefit both providers and participants. The Idaho EVV Project Team and stakeholders are currently working to identify implementation standards that are reasonable and attainable. |