

Electronic Visit Verification System

1915(i) State Plan Amendment
Home and Community-Based Behavioral Health Services

NORTH
Dakota Be Legendary.

Health & Human Services

Revised 7/24/23

The 1915(i) State Plan Amendment's Respite Service is subject to Electronic Visit Verification requirements. As a result...

- Federal regulations require state's must seek comments and input from stakeholders to ensure that an Electronic Visit Verification system is:
 - Minimally burdensome
 - Considers best practices in use in the state
 - Is conducted in accordance with HIPAA privacy and security law
 - Assures providers are provided opportunity for training on the use of the EVV system



What are 1915(i) Home and Community-based Behavioral Health Services (HCBS)?

North Dakota has defined 1915(i) Home and Community-based Behavioral Health Services as services designed to support individuals with overcoming barriers in their social and physical environments that may limit the individual's ability to gain or maintain access to life in the greater community.

- **Background**

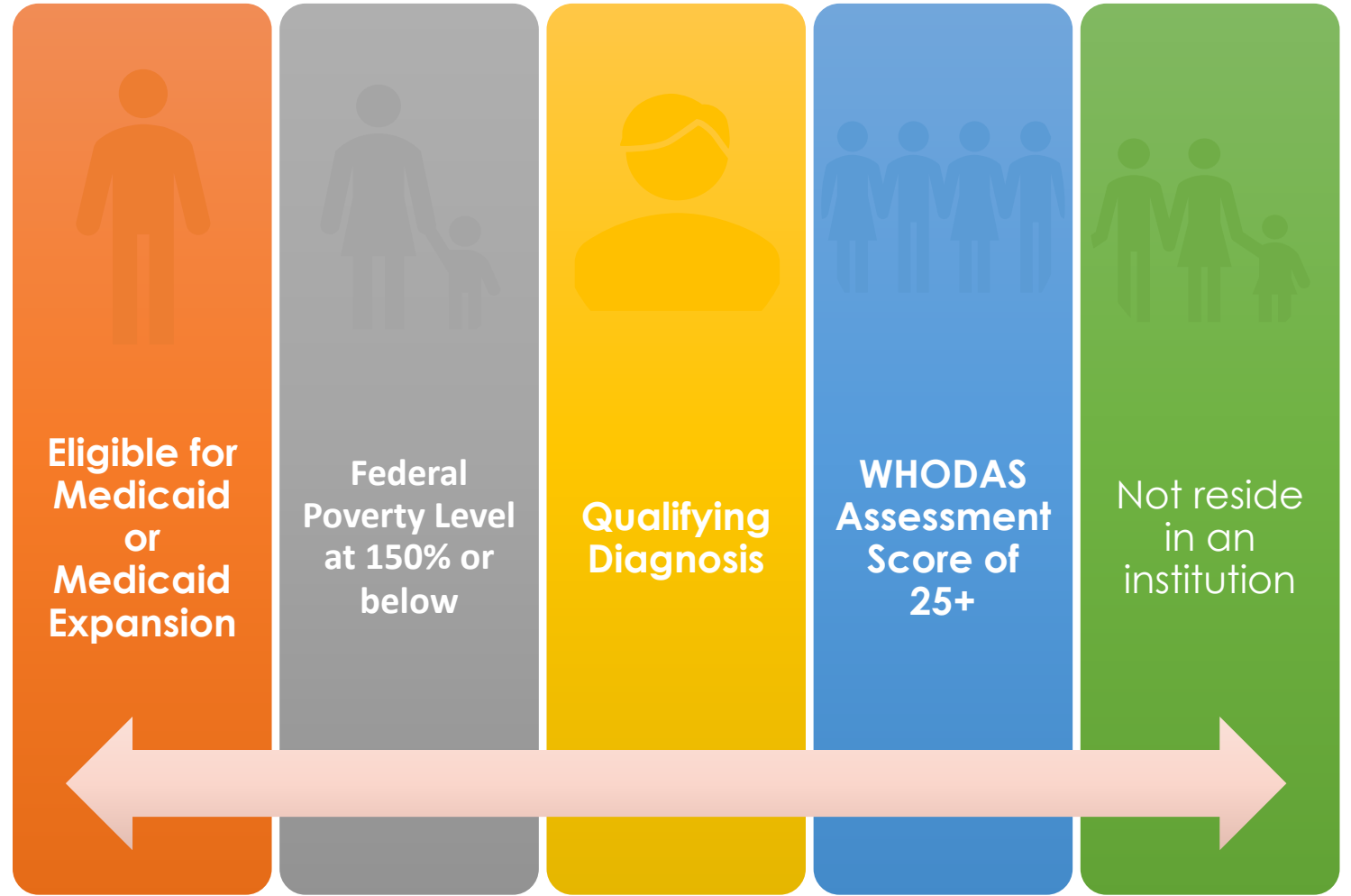
In the past, individual's with more complex needs would have limited options for accessing care in the community of their choice. Last legislative session, North Dakota lawmakers recognized this concern and authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment. The amendment will allow North Dakota Medicaid to pay for Home and Community based services to support individuals with behavioral health conditions including mental illness, substance use disorder, and brain injury.

1915(i) Home and Community based Services

- Care Coordination
- Training and Supports for Unpaid Caregivers
- Community Transition Services
- Benefits Planning
- Non-Medical Transportation
- Respite
- Family Peer Support
- Peer Support
- Prevocational Training
- Supported Education
- Supported Employment
- Housing Support Services

The respite service this is the specific service we will focus on today because enrolled Medicaid 1915(i) Respite Providers will use a EVV system to electronically verify, by a phone or computer-based system, that respite services were provided. The EVV system also records the actual time a respite provider begins and ends the service.

Who will Receive 1915(i) services?



Who will provide 1915(i) Services

- 1915(i) Services are Medicaid State Plan Services.
- To provide 1915(i) services, providers are required to complete the 1915(i) Medicaid Provider Enrollment Process.
- For further information on enrolling as a 1915(i) provider, visit [Provider Enrollment Information | Health and Human Services North Dakota](#)

Electronic Visit Verification

- What is it?
- Why do we need it?
- Who needs to use it?
- When will it start?



What is an Electronic Visit Verification System?

Used to electronically verify that personal care, home health, and other home and community-based services (HCBS) are being provided.

The EVV System Must Verify:

- Type of service performed;
- Individual receiving the service;
- Date of the service;
- Location of service delivery;
- Individual providing the service; and
- Time the service begins and ends.

Why do we need an Electronic Visit Verification System?

The Office of Inspector General completed 23 audit and evaluation reports focusing on personal care services since 2006 and concluded there were inadequate controls to ensure appropriate payment and quality of care.

The study found some personal care payments were improper because:

- Were not provided in compliance with State requirements.
- Were unsupported by documentation indicating they had been rendered.
- Were provided during periods when beneficiary was in the hospital, nursing home, etc.
- Were provided by attendants who did not meet State qualification requirements.

The “21st Century Cures Act” was signed into law in December, 2016, requiring Electronic Visit Verification (EVV) of Medicaid-funded home health and personal care services requiring an in-home visit.

In addition, the Fair Labor Standards Act is a federal law that governs workers wage and overtime protections. The rules regarding how this law applies to home care workers has been updated. Law now requires that most home care workers (including some individual Qualified Service Providers) be paid at least minimum wage and overtime for all hours worked over 40 per week. This includes the time spent traveling between clients.

The EVV system will be used to document and track the time in home providers spend providing services and traveling between clients for purposes of FLSA compliance

Who needs to use Electronic Visit Verification?

Medicaid Providers of Personal Care Services and Home Health Care Services.

In the case of the 1915(i), enrolled Medicaid providers of the respite service will need to use Electronic Visit Verification.

EVV will impact the following programs:

▪ Aging Services ▪ Medicaid State Plan Personal Care ▪ HCBS Medicaid waiver ▪ Technology Dependent Medicaid waiver ▪ National Family Caregiver Support Program ▪ Service Payments for Elderly & Disabled (SPED) ▪ Expanded-Service Payments for Elderly and Disabled (Ex-SPED) ▪ Medical Services Division ▪ Medically Fragile Children's waiver ▪ Children's Hospice waiver ▪ Medicaid funded Home Health Services - requiring home visit ▪ Autism Spectrum Disorder waiver; and the 1915(i) State Plan Amendment

Categories of Medicaid-Funded Services Requiring EVV

- Personal Care Services (PCS) – Requiring in-home visit
 - Consists of services supporting Activities of Daily Living (ADL) such as movement, bathing, dressing, toileting, transferring, and personal hygiene.
 - Offers support for Instrumental Activities of Daily Living (IADL) such as meal preparation, money management, shopping, and telephone use.
- Home Health Care Services (HHCS) – Requiring in-home visit

Above and Beyond

EVV is only required for the portion of the service rendered in the home; however, states may choose to require more information to control fraud, waste, and abuse.

EVV methods states can use for capturing services rendered partially in the home may include:

- a) Capturing the specific location where the service starts and stops, regardless if that location is in the home or community.
- b) Using the terms “home” and/or “community” as the designation in the EVV system for location. The location data element transmitted to the state is indicated as either “home” or “community” depending on the location of the check-in/out. The specific community location (e.g. coordinates, address, etc.) would not be transmitted.
- c) Capturing only the specific home location, but the start and stop times for the full- service unit. For example, if a service visit starts in the community and ends in the home, the caregiver would check in from the community to note the visit’s start time (without recording location), check in again when they enter the home to begin recording the location, and then check out when they leave the home to note the visits end time.

EVV Implementation Deadline

The implementation deadline for EVV was January 1, 2020, for personal care services and January 1, 2023, for home health services.

- ND has been granted a “good faith exception” extending the deadline to January 1, 2021.
- Reduces a state’s Federal Medical Assistance Percentage (FMAP) for such services provided without EVV after the deadline.

Choosing an EVV System

Rules:

- No employer-employee relationship may be construed by the required use of an EVV system.
- No particular or uniform EVV system is required.
- Not meant to impede the way in which care is delivered.
- No prohibition on states ability to establish quality measures for EVV systems.

Ideally, an EHV System should...

- Verify that the visit took place.
- Confirm that the caregiver provided the care they were authorized to provide.
- Document the activities performed during the visit.
- Improve ability to respond to audit requests.
- Improve audit outcomes.
- Reduce manual effort.
- Assist with documentation.
- Produce and submit “clean” claim.

ND's Choice of EVV Model

Open Hybrid Model

Definition

- States contract with a single EVV vendor but allow providers to use other vendors if they agree to use the state's data aggregator.

Overview

- States maintain oversight and receive funding for implementation while also allowing vendor choice for providers who already have an EVV system in place.
- The state-contracted vendor/in-house system serves as the default system for the state.
- No charge for providers who use the state system.
- Providers who chose to use their own EVV must agree to send information to the data aggregator.

Consideration

- States can choose to implement an “open model” in which a system aggregates EVV data from both the state-contracted vendor/in-house system and third-party vendors.

State EVV System contract awarded to Therap Services

DHS has contracted with Therap for a case management system since 2010.

- The Therap System is currently used by DD and Medical Services and includes an EVV function that meets federal requirements and is available to current users for a nominal fee.
- Current DHS contract with Therap will be amended to allow 1915(i) access to the required case management component to implement EVV.

Therap's Long Term Services and Support software assists providers in collecting data from the point of service by the person who is directly providing the services.

Scheduling/EVV Check-In Options

- Web
- Mobile Application – Android / IOS device
- Offline Application
- Interactive Voice Response – Telephone