

Medicaid Services Manual
Transmittal Letter

December 26, 2023

To: Custodians of Medicaid Services Manual

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Casey Angres (Jan 23, 2024 12:00 PST)
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Addendum B

Background And Explanation

The 21st Century Cures Act of 2016 mandates that all state Medicaid programs implement an Electronic Visit Verification System (EVV) for Personal Care (PCS) Services, Home Health Care Services, and certain in-home, PCS-like services reimbursed by Medicaid.

Revisions to Medicaid Services Manual (MSM) are being proposed to add a new Addendum. Addendum B is being created to incorporate the Division of Health Care Financing and Policy's (DHCFP) EVV System policy found in MSM Chapters 2200 – Home and Community-Based Services (HCBS) Waiver for the Frail Elderly, 2300 – HCBS Waiver for Persons with Physical Disabilities, 2600 -Intermediary Service Organization (ISO) and 3500 – Personal Care Services (PCS) Program into one. New sections have been added to Addendum B to document current and new policies for the use of EVV such as Utilization Thresholds, Manual Entries, Recoupments, Recipient, and Provider Responsibilities.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: This proposed change affects all Medicaid-enrolled providers delivering personal care services requiring the use of an EVV system. These provider types (PT) include Home Health Agency (PT 29), Personal Care Services – Provider Agency (PT 30), Home and Community Based Services Waiver for the Frail Elderly (PT 48), Waiver for Persons with Physical Disabilities (PT 58), and Personal Care Services – Intermediary Services Organization (PT 83). There is no financial impact to these providers.

Financial Impact on Local Government: None.

These changes are effective: January 1, 2024.

Material Transmitted
MTL 31/23 MSM- Addendum B

Material Superseded
MTL New MSM- Addendum B

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
B.100	Introduction	<p>Added a new “Introduction” section.</p> <p>Describes purpose, scope, and authority for the creation of Addendum B.</p>
B.101	Authority	<p>Added an “Authority” section.</p> <p>List the 21st Century Cures Act, Social Security Act and other statutes and regulations.</p>
B.102	Definitions	<p>Added new section “Definition.” Lists of definitions applicable to DHCFP EVV System.</p>
B.103	Policy	<p>Added new section “Policy.” Describes Policy objective.</p>
B.103A	Electronic Visit Verification System	<p>Added new section “Electronic Visit Verification.” Incorporated EVV policy from MSM Chapters 2200, 2300, 2600, and 3500 into this section and deleted section “2. Data Aggregator Option” of the incorporated EVV policy.</p>
B.103B	Alternate EVV Vendor System Option	<p>Added new section “Alternate EVV Vendor System Option.” This section is the incorporated EVV policy on the “Data Aggregator Option” which was found in MSM Chapters 2200, 2300, 2600, and 3500. It has been renamed “Alternate EVV Vendor System Vendor Option.”</p>
B.103C	Utilization Threshold	<p>Added new section “Utilization Threshold” which details the state’s EVV claims utilization thresholds requirements.</p>
B.103D	Manual Entries	<p>Added new section for “Manual Entries” to specify policy for manually entered claims and documentation requirements for manually edited EVV claims.</p>
B.103E	Recoupments	<p>Added new section “Recoupments.”</p>
B.103F	Recipient Responsibilities	<p>Added new section for “Recipient Responsibilities.”</p>
B.103EG	Provider Responsibilities	<p>Added new section for “Provider Responsibilities.”</p>

DIVISION OF HEALTH CARE FINANCING AND POLICY

MEDICAID SERVICES MANUAL
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ADDENDUM B	Subject: POLICY

B.100 INTRODUCTION

This Addendum establishes requirements for certain providers who are required to use an Electronic Visit Verification (EVV) System pursuant to the 21st Century Cures Act passed by U.S. Congress on December 13, 2016.

The Cures Act requires the use of EVV for Personal Care Services (PCS) Section 1905(a)(24) and Home Health Care Services (HHCS) 1905(a)(7) per the Social Security Act (SSA). In Nevada, EVV is mandated for State Plan PCS and HHCS and Home and Community Based Services specific to the Frail Elderly and Physically Disabled.

States must implement EVV by the required deadlines or risk a loss of federal Medicaid matching dollars. Failure to implement EVV in accordance with the Cures Act will result in a reduction of federal Medicaid funding for Nevada.

To comply with these federal requirements, Division of Health Care Financing and Policy (DHCFP), adopted the open-system model which means that providers of these services must use the state procured EVV system or have an EVV system that meets the 21st Century Cures Act requirements.

The intent of the EVV system is to help ensure that recipients receive services authorized in the Plan of Care (POC), reduce inappropriate billing/payment, safeguard against fraud, replace paper timesheets, and improve program oversight.

The EVV system does not “track” the recipient or their caregivers. It only collects the location of service delivery at the time of clock in and clock out.

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B.101 AUTHORITY

The 21st Century Cures Act (the Cures Act), enacted by the U.S. Congress in December, 2016, added Section 1903(l) to the SSA to require all states to use EVV.

Statutes and Regulations:

- 21st Century Cures Act, H.R. 34, Sec. 12006 – 114th Congress
- 42 U.S.C § 1396 b (l)
- Social Security Act: 1903(l)
- Health Insurance Portability and Accountability Act of 1996 (HIPAA)

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B.102 DEFINITIONS

The following definitions are for the sole purpose of Addendum B and the use of the DHCFP Electronic Visit Verification System (EVV).

ALTERNATE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM

Any EVV system(s) chosen by a provider as an alternative to the DHCFP selected EVV vendor.

CAREGIVER

A paid individual that provides assistance with basic daily activities, chores, errands and complete medical duties with a doctor's approval/order. Common types of caregivers include family caregivers and personal care assistants.

ELECTRONIC VISIT VERIFICATION (EVV)

A technology used to verify that home or community-based service visits occur. EVV typically verifies visit information through a mobile application on a smart phone or table, a landline or telephone number, or a web-based portal.

ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM

A computer-based system that electronically verifies the occurrence of authorized service visits by electronically documenting the precise time a service delivery visit begins and ends, the individuals receiving and providing a service, and type of service performed. DHCFP procured system or a DHCFP approved alternate EVV system.

EVV AGGREGATOR

Receives and stores data from third-party systems and the DHCFP EVV system into a single uniform platform to facilitate payment of claims. This allows providers to use a third-party system (also referred to as Alternate EVV).

MANUAL EDIT

Any change to the original visit data. All edits shall include an appropriate audit trail.

MANUAL ENTRY

A manual EVV entry is when all verification points of data of an EVV record are manually entered through the web-based portal.

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B.103 POLICY

The objective of this policy is to establish requirements for providers on the required use of the DHCFP EVV System.

B.103A ELECTRONIC VISIT VERIFICATION SYSTEM

The 21st Century Cures Act requires the use of an EVV system to document services that are provided for all home health care services (HHCS) and personal care services under a Medicaid state plan or waiver program. This mandate requires provider agencies to use an EVV system to record service delivery visit information. Nevada Medicaid utilizes the open-system model, procuring a vendor but also allows agencies to utilize their own EVV system if it meets the 21st Century Cures Act requirements for documentation.

All service information must be recorded in an electronic system that interfaces with either a telephone or an electronic device that generates a timestamp. The provider agency must verify the EVV record, including any visit maintenance, prior to submitting a claim associated with the EVV record. All claims must be supported by an EVV entry into an EVV system prior to claim submission.

The system will capture the following information by electronic means, also known as “EVV.”

1. The type of service performed.
2. The individual receiving the service.
3. The date of the service.
4. The location of service delivery/where service is provided.
5. The individual providing the service.
6. The time the service begins and ends.

The system does not track recipients or their caregivers. It only collects the location of the service at the time of check in and check out. When a caregiver “checks in” or “checks 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, caregiver providing the service, and the recipient receiving the care.

All services must be electronically documented using one or more of the following:

- a. The agency/caregiver’s smartphone.
- b. The agency/caregiver’s tablet.

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- c. The recipient’s landline telephone (for Interactive Voice Response (IVR) purposes only).
- d. The recipient’s cellular phone (for Interactive Voice Response (IVR) purposes only).

It is allowable for the provider agencies to allow caregivers to utilize personal devices such as smart phones. If the provider elects this option, the provider is responsible for having a back-up plan for EVV if the caregiver’s device becomes inoperable.

DHCFP will monitor services entered or submitted into the State’s EVV system by all providers to ensure proper use of EVV. DHCFP may make referrals to Program Integrity for suspected fraud or other policy violations.

B.103B ALTERNATE EVV VENDOR SYSTEM OPTION

An alternate EVV system is an EVV system that is not provided by DHCFP. Providers can choose to use either the DHCFP provided EVV system, or an alternate EVV system.

Providers choosing to use an alternate EVV system must register with the State’s EVV system vendor and complete all necessary requirements, to ensure all data requirements are being collected by the chosen alternate EVV system vendor to meet the 21st Century Cures Act.

1. In addition to the requirements in Addendum B, providers using a system other than the DHCFP EVV system must ensure their EVV system captures the following information by electronic means:
 - a. The type of service performed.
 - b. The individual receiving the service.
 - c. The date of the service.
 - d. The location of service delivery/where service is provided.
 - e. The individual providing the service.
 - f. The time the service begins and ends.
2. The third-party EVV system must timely collect and submit to the DHCFP EVV Vendor all data required for EVV verification of a claim, including without limitation:
 - a. The procedure codes and modifiers (if applicable) for the service(s) delivered, and the specific task(s) performed by the caregiver during the visit.
 - b. Identifying information for the recipient, such as Medicaid identification number.

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- c. The date of the service(s).
- d. The location where the service(s) were delivered.
- e. Identifying information for the agency, the individual providing the service(s), including their National Provider Identifier (NPI).
- f. EVV capture method (including without limitation telephony, GPS, or fixed visit) and corresponding validation data (including without limitation phone number, coordinates, or encryption key).
- g. Must report encounter or claim data into data aggregator.

By including a caregiver in any EVV data submitted to the DHCFP EVV Vendor, the provider is attesting that all applicable requirements, including without limitation training requirements, TB testing, and background checks, have been satisfied for that caregiver. Claims made for services performed by caregivers who have not satisfied any of the above-mentioned, or by a caregiver who is excluded or debarred from participation in Medicaid may be denied or rejected and are subject to recoupment.

If DHCFP 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. As a result, the provider will be required to use the State’s EVV system.

B.103C UTILIZATION THRESHOLDS

Providers of in-home services must meet the 90% utilization threshold for EVV. An EVV record is defined as having both an EVV check in and an EVV check out.

- 1. The following circumstances for manually entered services will NOT be counted as part of the 10% allowance threshold:
 - a. Services provided to an at-risk recipient before the prior authorization are available in the EVV system.
- 2. The following will be counted against the 10% allowance threshold:
 - a. All manual entries without a valid documented reason.
 - b. Partial EVV records (only clock in or clock out was captured via EVV).
 - c. EVV records edited to add time to the beginning of a shift.
 - d. EVV records edited to add time to the end of a shift.

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- e. EVV records with a begin date that is edited; and/or
- f. The worker providing the service is edited.

Note: Services cannot be electronically captured in the Nevada EVV system unless there is a current prior authorization in the system. Providers are responsible for ensuring they have authorization to provide services.

B.103D MANUAL ENTRIES

A manual entry into an EVV web-portal, regardless of vendor, is not considered an EVV entry/visit as it is not electronically verified.

1. An EVV visit is one that is electronically verified through a mobile application on a smart phone or tablet or an interactive voice response system using a landline or other telephone number. If EVV visits require manual corrections or edits due to missing or incorrect data elements, providers must maintain supporting documentation (hard copy or electronic) of all manual and edited entries for auditing purposes. Supporting documentation must include at minimum the date, exact clock in and clock out, type of service entered into the DHCFP EVV System or the third party EVV system, and includes the following:
 - a. Printed name of participant, signature.
 - b. Worker’s printed name, signature, and date.
 - c. Supervisor/timekeeper’s signature and date.
 - d. A worker’s signature on the documentation indicates that the reported time is true and accurate.
2. The use of paper timesheets is allowable when the actual date, start and end time of the service provision is independently verified, for example, a code that represents a time and date stamp through the EVV System and under the following circumstances:
 - a. The caregiver and the recipient live in geographic areas with no access to landline, cell phone, or internet service.
 - b. The recipient needs to have their address and location information protected for a documented safety concern (i.e., witness protection or domestic violence victim).
3. A provider must manually enter the following required information into the system for ALL manual entries:
 - a. The individual that received the service.

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- b. The type of service performed.
- c. The date of the service delivery.
- d. The location of service delivery/where service was provided.
- e. The time the service began and ended.
- f. The individual that provided the service; and
- g. Specific reason for the manual entry/edit.

These records MUST be retained in accordance with DHCFP’s required record retention policy of seven (7) years.

B.103E RECOUPMENTS

Any claim, regardless of how the claim is submitted, including third-party EVV vendors, for any service subject to EVV requirements may be rejected or denied, or subject to recoupment, if delivery of the service was not verified by EVV. The EVV requirement also applies to any equivalent services provided to a beneficiary through a self-direction program made available under the state plan or HCBS Waivers. Such equivalent services may be rejected or denied if delivery of the service was not verified by EVV.

B.103F RECIPIENT RESPONSIBILITIES

1. Agree to utilize an approved EVV system for the Medicaid services being received from the Provider Agency.
2. Not request a caregiver to provide services not on the approved service plan or for non-recipients.
3. Confirm services were provided by electronically signing or initialing, the EVV record that reflects the service rendered. If IVR is utilized, a verbal confirmation is required.
4. Notify the provider of changes in medical status, service needs, address, and location or in changes of status of LRI(s) or PCR.
5. Notify the provider when scheduled visits cannot be kept or services are no longer required.
6. Notify the Provider of missed visits by provider staff.
7. Notify the Provider of unusual occurrences or complaints.

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B.103G PROVIDER RESONSIBILITIES

1. Comply with the requirements of the 21st Century Cures Act and use an EVV system to document and verify all Medicaid personal care services or home health care services, and certain waiver services requiring an in-home visit that results in a claim for Medicaid reimbursement.
2. Require caregivers employed or contracted by the provider, to use EVV to electronically document and verify all Medicaid personal care services, home health care services, or waiver services performed.
3. Comply with all applicable federal and state laws regarding confidentiality of information about clients receiving services.
4. Ensure that DHCFP may review documentation generated by an EVV system or obtain a copy of that documentation at no charge.
5. Ensure that each caregiver has a unique National Provider Identifier (NPI) to be used for EVV purposes.
6. Develop and maintain the following written internal policies regarding proper use of the EVV system:
 - a. Requirements to electronically clock in/clock out for services rendered to participants.
 - b. Prohibition of sharing passwords and/or log in information.
 - c. Recognition that logging in under another user’s credentials is fraudulent.
 - d. Proper clock in/clock out processes per program requirements and/or the participant’s Plan of Care.
 - e. Guidelines for editing electronically captured services.
 - f. Processes for reporting time if the electronic clock in/clock out is not recorded.
 - g. Documentation requirements for manually entered or edited records to meet auditing requirements and standards.
 - h. Process for obtaining signed attestations from every individual granted access to the EVV system.
 - i. Process and timelines for terminating an individual’s access to the system once the individual is no longer employed by the provider.

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- j. Guidelines for monitoring EVV compliance.
 - k. Periodic training.
7. Providers must train staff on the following policies and procedures and maintain a signed attestation document that the workers have read and understand all the EVV requirements.
- a. How to use the EVV mobile application.
 - b. How to use the IVR.
 - c. The information submitted in the claim.
 - d. The information/data recorded by EVV for the service(s) being rendered.
 - e. The information in the approved prior authorization or plan of care applicable to recipient being serviced and any claimed service for which they will be getting paid.
8. Providers are responsible to know and to let their staff know that 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.