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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2305
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- b. Items necessary for life support, ancillary supplies, and equipment necessary to the proper functioning of such items; and
 - c. Vehicle adaptations, assistive technology, and supplies.
4. Durable and non-durable medical equipment that has been exhausted, not available, or covered under the Medicaid State Plan, refer to MSM Chapter 1300 – DME Disposable Supplies and Supplements.

2303.13B PROVIDER RESPONSIBILITIES

In addition to the provider responsibilities listed in Section 2303.2B, providers must:

- 1. Meet the standards to provide equipment under the Medicaid State Plan Program; and
- 2. The service must be prior authorized by the case manager.

2303.13C RECIPIENT RESPONSIBILITIES

In addition to the Recipient Responsibilities outlined in 2303.2C, the recipient must:

- 1. Notify the provider and/or case manager of any issues or problems regarding the installation or delivery of any authorized equipment or supplies.
- 2. Not request any additional specialized medical equipment or supplies that have not been authorized.
- 3. Notify their case manager once the specialized medical equipment or supplies have been received.

2303.14 ELECTRONIC VISIT VERIFICATION (EVV)

Refer to Addendum B for more information regarding EVV system requirements.

~~The 21st Century CURES Act requires the use of an EVV system to document services that are provided for all 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 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~~

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~~record. All claims must be supported by an EVV entry into an EVV system prior to claim submission. Any errors within EVV submissions must be supported by offline documentation.~~

~~Agencies must ensure each personal care attendant has a unique identifier (National Provider Identification – NPI) associated with their worker profile in the EVV system.~~

~~1. STATE OPTION:~~

~~a. The EVV system electronically captures:~~

- ~~1. The type of service performed, based on procedure code;~~
- ~~2. The individual receiving the service;~~
- ~~3. The date of the service;~~
- ~~4. The location where service is provided;~~
- ~~5. The individual providing the service;~~
- ~~6. The time the service begins and ends.~~

~~b. The EVV system must utilize one or more of the following:~~

- ~~1. The agency/personal care attendant’s smartphone;~~
- ~~2. The agency/personal care attendant’s tablet;~~
- ~~3. The recipient’s landline telephone;~~
- ~~4. The recipient’s cellular phone (for IVR purposes only);~~
- ~~5. Other GPS-based devices as approved by DHCFP.~~

~~2. DATA AGGREGATOR OPTION:~~

~~a. All Personal Care Agencies that utilize a different EVV system (as approved by DHCFP) must comply with all documentation requirements of this chapter and must utilize the data aggregator to report encounter or claim data.~~

- ~~1. Appropriate forms must be approved by the DHCFP before use of the system to ensure all data requirements are being collected to meet the 21st Century Cures Act.~~

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~~2. At a minimum, data uploads must be completed monthly into the data aggregator.~~