

<b>DRAFT</b>	<b>MTL 21/19OL</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 3503
MEDICAID SERVICES MANUAL	Subject: POLICY

1. The PCS provider must follow their established policies and procedures in order to timely meet recipient requests for changes in service delivery.
2. Written documentation of the contact with the recipient regarding any change to the approved service plan must be maintained in the recipient's file.

~~3503.1G — ELECTRONIC VISIT VERIFICATION (EVV)~~

~~The 21<sup>st</sup> 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 EVV system if it meets the 21<sup>st</sup> 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.~~

~~Provider Agencies must ensure each personal care attendant (PCA) 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/PCA's smartphone;~~

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~~2. The agency/PCA's tablet;~~

~~3. The recipient's landline telephone;~~

~~4. The recipient's cellular phone (for Interactive Voice Response (IVR) purposes only);~~

~~5. Another GPS-based device as approved by the DHCFP.~~

~~1. DATA AGGREGATOR OPTION~~

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

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

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

3503.1H CONFLICT OF INTEREST STANDARDS

The DHCFP assures the independence of contracted providers completing the FASPs. Physical and occupational therapists who complete the FASPs must be an independent third party and may not be:

1. Related by blood or marriage to the individual or to any paid caregiver of the individual;
2. Financially responsible for the individual;
3. Empowered to make financial or health-related decisions on behalf of the individual;
4. Related by blood or marriage to the Provider who provides PCS to the individual.

The therapist completing the FASP must not have an interest in or employment by a Provider.

Note: To ensure the independence of individuals completing the FASP, providers are prohibited from contacting the physical or occupational therapists directly.

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3503.11 PROVIDER RESPONSIBILITIES

PCS providers shall furnish PCAs to assist eligible Medicaid and NCU recipients with ADLs and IADLs, as identified on the individual recipient’s approved service plan and in accordance with the conditions specified in this Chapter and the Medicaid Provider Contract.

Additionally, all PCS providers have the following responsibilities:

1. Licensure

In order to enroll as a Nevada Medicaid PCS Provider, a provider must be licensed by the Division of Public and Behavioral Health (DPBH) as an Agency to Provide Personal Care Services in the Home (personal care agency).

Providers must comply with licensing requirements and maintain an active certification and/or license at all times.

2. Provider Enrollment

To become a Nevada Medicaid PCS provider, the provider must enroll with the QIO-like vendor as a Personal Care Services – Provider Agency (PT 30).

3. Electronic Visit Verification (EVV)

Utilize an EVV system that meets the requirements of the 21<sup>st</sup> Century Cures Act, to electronically document the personal care services provided to Medicaid recipients served by a Medicaid provider. **Refer to Addendum B for more information about EVV systems requirements.**

4. Time Parameters

The Provider will implement PCS in a timely manner. The Provider agrees to furnish qualified staff to provide PCS to eligible Medicaid recipients within five working days of an accepted referral and within 24 hours of an accepted referral if the recipient is identified as “at risk” by the DHCFP or its designee.

PCS providers must meet the conditions of participation as stated in the MSM Chapter 100.

The Provider must comply with all local, state and federal regulations, and applicable statutes, including, but not limited to, Nevada Revised Statutes Chapter 449, Nevada Administrative Code Chapter 449, the Internal Revenue Service (IRS), Federal Insurance Contributions Act (FICA), Occupational Safety and Health Act (OSHA), the Health Insurance Portability and Accountability Act (HIPAA) and the 21<sup>st</sup> Century Cures Act.