STATE COMPLIANCE GUIDE

Prepared for Cubhub

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Contents

ARIZONA

State Medicaid Agency	Arizona Health Care Cost Containment System (AHCCCS)
Model	Open Providers can choose to use a state sponsored system (Sandata) at no cost, or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the Sandata Aggregator and submit claims data on a daily basis.
Go Live Date	1/1/2021
Claim Denials Due to EVV	No
Contacts	AHCCCS Contact- evv@azahcccs.gov Alternate EVV Help Mailbox- AZAltEVV@sandata.com
Services	Attendant Care, Personal Care, and Homemaker Companion Care Habilitation Home Health Respite Skills Training and Development
Technologies	GPS using Mobile Application IVR Fixed Device Manual Entry Note: Member, not provider, selects the device – minimum 2 options
Technological Specs for Alt EVV	• Technical Specifications- https://www.azahcccs.gov/AHCCCS/Downloads/EVV/OpenEVV_AltEVV.pdf • Technical Specification Arizona Addendum- https://www.azahcccs.gov/AHCCCS/Downloads/EVV/AddendumAZALTEVV.pdf • AHCCCS Alternate EVV Crosswalk to EVV Policy- https://www.azahcccs.gov/AHCCCS/Downloads/EVV/ALTEVVBusinessRequirementsCrosswalk.pdf
Exemptions	DDD Individually Designated Living Arrangement settings that utilize a service matrix establishing total support hours needed for members living in a shared apartment or home and the provider bills a daily rate for Habilitation (HID).
Other	Contractors shall monitor providers responsibilities with regard to the EVV rules to ensure compliance: 1. Notifying AHCCCS EVV Vendor of all new users, user terminations, and data

	security incidents
	2. Collecting and maintaining records for the audit period of at least 6 years from the date of payment, applicable attestations regarding verification delegation, paper timesheet allowances, and contingency/back-up plans
	3. Counseling the member/Health Care Decision Maker on the scheduling flexibility based on the member's Service Plan or provider plan of care and what tasks can be scheduled and modified depending on the DCW's scheduling availability at least every 90 days.
	4. Developing a general weekly schedule for each service. The EVV System shall record the schedule for each service. The system is prohibited from cancelling a scheduled visit; however, visits may be rescheduled. The EVV System shall denote what scheduled visits are rescheduled visits. Scheduling is not required for members that have live-in or onsite caregivers.
	5. Ensuring that all associated EVV System users have access to training on the EVV System.
	6. For providers using an Alternate EVV System, submitting data timely to AHCCCS as a condition of reimbursement as specified in technical requirement documents available on AHCCCS website.
	7. Providers shall comply with member responsiveness including requirements that provider agencies shall answer the phone 24/7 or return a phone call within 15 minutes for members who are reporting a missed or late visit
	8. For providers using the AHCCCS procured EVV System, developing and implementing policies to account for and ensure the return of devices issued by providers to DCWs
	9. Ensuring the provider has at least 2 different types of visit verification devices available to accommodate member preferences and service delivery areas with limited/intermittent or no access to landline, cell, or internet service
	10. Ensuring any device used to independently verify start and end times without the use of GPS is physically fixed to the member's home to ensure location verification
	11. Ensuring any providers that permit DCWs to utilize personal devices such as a smart phone have an alternate verification method or option if the devices becomes inoperable
	12. Ensuring that member devices are not used for data collection unless the member has chosen a verification modality that requires the use of their devices (e.g., landline)
	13. Contacting the member to validate any visit exceptions including instances when the member indicates the service or duration does not accurately reflect the activity performed during the visit. The documentation of exceptions should be consistent with CMS's Medicare signature and documentation requirements for addendums to records. Changes as a result of the exceptions process are considered an addendum to the record and do not change the original records.
	14. Documenting Manual Edits to visits within the system and/or maintaining hard copy documentation.

March 2022 Update:

During the month of March, Arizona had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

April 2022 Update:

The Arizona Department of Developmental Disabilities (DDD) announced that it is updating its claim system to be compliant with state and federal regulations and to resolve AHCCCS HIPAA TCS Compliance Claims Processing System Notice to Cure. DDD has contracted with WellSky to provide this new claims system.

The new claims system will have a soft launch on June 1, 2022, and will be fully operational by July 1, 2022. The updates will include a switch to using Healthcare Common Procedure Coding System (HCPCS) and standard CMS claims forms when reimbursing Qualified Vendors for submitted claims. With this launch, DDD will also use the standardized HIPAA Transactions and Code Sets instead of the DDD proprietary codes currently being used. Qualified Vendors will be required to submit claims on official, nationally recognized forms as the current DDD templates will be replaced by these forms.

While this update does not impact Arizona's EVV policy, it will impact how DDD HCBS claims are submitted. More information can be found here: Wellsky General Topics and FAQs - Google Docs

May 2022 Update:

Update to Resources and Technical Assistance – Adding an EVV Contact

On May 20, 2022, Arizona updated its Sandata EVV System Resources and Technical Assistance. Previously, the guidance just required an agency to enroll in Sandata's training prior to getting access to Sandata's Aggregator. Now, agencies are required to first have a designated EVV Contact/Administrator entered into the AHCCCS Service Confirmation Portal. The EVV Contact/Administrator must then complete Sandata's training in order to access the Welcome Kit. Instructions for adding or updating an EVV Contact/Administrator can be found at Electronic Visit Verification (EVV) Website (azahcccs.gov) under Sandata EVV System Resources and Technical Assistance.

This update is also reflected in the "EVV One Pager" found at Electronic Visit Verification (EVV) Website (azahcccs.gov) under Information for Providers and MCOs.

RFP Released for CMS Interoperability and Patient Access Services

On May 2, 2022, Arizona released an RFP for CMS Interoperability and Patient Access Services. The due date for proposals is June 17, 2022, 3:00pm Arizona Time. This RFP is does not specifically impact EVV policy but might impact the way Electronic Health Information is shared in Arizona. As a result, an eye should be kept on the ultimate vendor.

In May 2020, HHS released two rules aimed at putting patients in charge of their healthcare by providing easy access to their Electronic Health Information (EHI) and preventing information blocking. Those two rules are the CMS Interoperability and Patient Access Rule (CMS-9115-F) and ONC 21st Century Cures Act Rule. Arizona is seeking a contractor to host and maintain a solution that is compliant with the CMS Interoperability and Patient Access rule (CMS-9115-F) for a provider directory (Application Programming Interfaces) API and a patient access API together with an identity, access, and consent management solution for EHI.

Since data collected through EVV solutions is considered EHI, the EVV solutions will need to communicate with the contracted API. It is expected that the newly sought API Solution will accept the EVV data as it is, without any changes to the technical specifications.

June 2022 Update:

During the month of June, Arizona had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

CALIFORNIA

State Medicaid Agency	California Department of Health Services
Model	Open Providers can choose to use a state sponsored system (CalEVV) at no cost or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the Sandata Aggregator and submit claims data on a daily basis.
Go Live Date	Phase I: 1/1/2022 Phase II PCS: 1/1/2022 Phase II HHCS (Home Health) and Self-Determination Program (SDP): 1/1/2023
Claim Denials Due to EVV	No
Contacts	EVV@dss.ca.gov (Phase 1) or 866.376.7066 EVV@dhcs.ca.gov (Phase 2) EVV@dds.ca.gov (DDS EVV Contact) CAAltEVV@sandata.com (Alternate EVV) or 855.943.6069
Services	Respite Supported Living Services Personal Assistance Home Maker
Technologies	1. GPS using a mobile application; 2. IVR from the recipient's landline phone only; 3. Fixed Object Device
Technological Specs for Alt EVV	• Sandata Technical User Guide- https://sandata.zendesk.com/hc/en-us/articles/4410278275987-California-CalEVV-Specification-User-Guide • Sandata Technical Specification- https://sandata.zendesk.com/hc/en-us/articles/4410089222547-California-CalEVV-EVV-Vendor-Solutions-Specifications-v1-3
Exemptions	• IHSS/WPCS providers who have completed and submitted the SOC 2298 form and live with their recipient, will no longer be required to complete the three new EVV fields on the IHSS timesheet: start time, end time and location. The form can be found at this link https://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2298.pdf or in the ESP https://www.etimesheets.ihss.ca.gov/login. • Hospice and Behavioral Health Treatment (BHT) are not subject to EVV requirements. • A caregiver is considered a 'Live-in Caregiver' if the caregiver regularly remains in the recipient's home for more than 24 hours at a time, during which they are available to provide any of the authorized personal care services. • The Live-In guidance can be found at- https://www.dds.ca.gov/wp-content/uploads/2022/02/DDS_Guidance_Live-InCaregiverExemption_01282022.pdf • The Live-in Attestation Form can be found here- https://www.dds.ca.gov/wp-

	content/uploads/2022/02/EVV_Live-inCaregiverProviderAttestationForm_01282022.pdf
Other	Provider Agencies of PCS are required to register in the Self-Registration portal for January 1, 2022. Providers who only provide HHCS **are not** required to register in the portal at this time. https://vendorregistration.calevv.com

March 2022 Update

CA Updates (3/30/2022 Stakeholder Meeting relating to Phase II)

Personal Care Service(s) (PCS) providers must be registered, trained, and currently submitting EVV data as of 3/1/2022.

Home Health Care Services (HHCS) is anticipated to be implemented by 1/1/2023.

- Definition: services that are provided to a beneficiary at their place of residence and on orders written by a physician, nurse practitioner, clinical nurse specialist, or physician assistant, as part of a written plan of care that the ordering practitioner reviews every 60 days for services.
  - Includes
    - Certified Nurse Assistant
    - Home Health Aide
    - Direct Skilled Nursing Care
    - Occupational Therapy
    - Physical Therapy
    - Private Duty Nursing
    - Speech Therapy
  - Impacted programs
    - Managed Care
    - Home and Community-Based Alternative Waiver Programs
    - California Children's Services (CCS)
    - DDS 1915 (c) Home and Community-Based Waivers, including Self-Determination Program
    - DDS 1915(i) State Plan Amendment
    - DHCS 1915(c) Home and Community Based Alternative Waiver
    - DHCS Home Health Care Services
    - CDA/DHCS Community Based Adult Services (CBAS) Program 1115 Waiver
    - CDPH/DHCS 1915(c) Medi-Cal Waiver Program MCWP

Managed Care Personal Care Services (PCS)

- The Managed Care Plan inclusion in the CalEVV Phase II of PCS will include Community Supports (formally known as In Lieu of Services)
  - CA is still working with the MCPs to determine the complete list of services that will be covered. Updates and additional webinars will be forthcoming.

Aggregator Training for Jurisdictional Entities (JE) is tentatively scheduled for April or May 2022.

- Jurisdictional Entities are: Managed Care Plans, Counties, HCBA Waiver Agencies, MSSP Sites, Regional Centers, MCWP Agencies, Counties
  - Jurisdictional Entities provide oversight by reviewing EVV data that the providers submit.
- Videos of the training will be posted.
- Business Intelligence (BI) Training has been postponed.

Alternate EVV

- Providers using an Alternate EVV will sign up online, but when asked if the agency will be using CalEVV to electronically collect visit data, the provider must select "No". This will initiate the Alternate EVV certification process.

April 2022 Update

California did not have any substantive updates on EVV during April 2022. Throughout the month of May, California will be hosting training sessions on Validating and Maintaining Provider IDs in CalEVV. Dates of these sessions are:

- May 12, 2022, from 5:30pm-6:30pm PST
- May 17, 2022, from 2:00pm-3:00pm PST
- May 23, 2022, from 11:30am-12:30pm PST
- May 25, 2022, from 5:30pm-6:30pm PST

May 2022 Update

During the month of May, California had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

June 2022 Update:

The baseline table above was amended to add information about the provider registration website.

California hosted a Stakeholder meeting in June. During that meeting, California indicated providers of Home Health Care Services (HHCS) and providers in the Self-Determination Program (SDP) are both targeted to begin using EVV on January 1, 2023. Self registration for both HHCS and SDP will go live in the early fall 2022. Providers that are already registered for providing PCS will just need to do an update to their existing registration to add HHCS and/or SDP, they will not need to register all over again.

Personal Care Service (went live in 1/1/2022)

1. Respite: 465, 862 and 864
2. Supported Living Services: 896
3. Homemaker: 858 and 860
4. Personal Assistance: 062

HHCS will include the following service codes:

1. Nursing: 460. 742, 744, and 361
2. Agencies providing Home Health: 359, 854, 856
3. Agencies providing Speech, Hearing and Language: 372
4. Agencies providing Speech: 707

5. Agencies providing Occupational Therapy: 375 and 773
6. Agencies Providing Physical Therapy: 376 & 772

SDP will include the following personal care services:

1. Community Living Supports: 320
2. Homemaker: 313
3. Respite: 310

Date for audits and denying claims has not yet been determined.

COLORADO

State Medicaid Agency	Colorado Department of Health Care Policy and Financing
Model	Open Providers can choose to use a state sponsored system (Sandata) at no cost or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the Sandata Aggregator and submit claims data on a daily basis.
Go Live Date	10/1/2019 (soft launch) 8/3/2020 (mandatory) 2/1/2022 (Claims denial started)
Claim Denials Due to EVV	Yes
Contacts	EVV@state.co.us coaltevv@sandata.com
Services	• Behavioral Therapies (provided in home or community) • Consumer Directed Attendant Support Services (CDASS) • Home Health (RN, LPN, CNA, PT, OT, SLP) • Homemaker • Hospice • Independent Living Skills Training (ILST) • In-Home Support Services (IHSS) • Life Skills Training • Occupational Therapy (provided in the home) • Pediatric Behavioral Health • Pediatric Personal Care • Personal Care • Physical Therapy (provided in the home) • Private Duty Nursing • Respite (provided in the home or community) • Speech Therapy (provided in the home) • Youth Day
Technologies	1. GPS using a mobile application; 2. IVR from the recipient's landline phone only; and 3. Manual Entry Note: Alternate EVV Systems may have access to additional technologies
Technological Specs for Alt EVV	• Technical Specifications- https://www.colorado.gov/pacific/sites/default/files/OpenEVV-altEVV%20-%20v7.1%20FINAL_June2019.pdf • Colorado Specific Technical Specifications Addendum- https://hcpf.colorado.gov/sites/hcpf/files/CO%20HCPF%20Third%20Party%20Electronic%20Visit%20Verification%20Addendum-June%202021.pdf • Data Intake Interface Error Handling- https://hcpf.colorado.gov/sites/hcpf/files/Sandata%20Alternative%20EVV%20Error%20Handling%20Reference%20Guide-v01-March%202021.pdf

Exemptions	• Child Health Plan Plus (CHP+): CHP+ is public low-cost health insurance for certain children and pregnant women. It is for people who earn too much to qualify for Health First Colorado (Colorado's Medicaid Program), but not enough to pay for private health insurance. • Live-in Caregivers: Live-in Caregiver means a caregiver who permanently or for an extended period of time resides in the same residence as the Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by the U.S. Department of Labor, Internal Revenue Service, or Department-approved extenuating circumstances. o Live-In Caregiver Operational Memo- https://hcpf.colorado.gov/sites/hcpf/files/HCPF%20OM%2020-051%20Electronic%20Visit%20Verification%20Live-In%20Caregiver%20Exemption.pdf o Live-In Caregiver Attestation Form- https://hcpf.colorado.gov/sites/hcpf/files/Electronic%20Visit%20Verification-Live-in%20Caregiver%20Attestation%20Form-July2020.pdf • Non-Fee for Service: Members receiving care through capitated payment models including through the Regional Accountable Entities (RAEs), Managed Care Organizations (Denver Health Medicaid Choice and Rocky Mountain Health Plan's Prime), or capitated behavioral health benefits administered by the RAEs. • Program of All-Inclusive Care for the Elderly (PACE): The PACE program provides comprehensive medical and social services to certain frail individuals 55 years of age and older. The goal of PACE is to help individuals live and stay in their homes and communities through comprehensive care coordination. • State Supported Living Services (State SLS): State SLS services mirror SLS waiver services for normally ineligible members and do not use normal billing methodology. • Select Outpatient Therapies delivered via telehealth/telemedicine: Outpatient Occupational Therapy (OT), Outpatient Physical Therapy (PT), Outpatient Speech Therapy (ST), and Pediatric Behavior Therapy (PBT) services provided via telehealth (billed as Place of Service 02 - Telehealth) do not require Electronic Visit Verification (EVV). Home Health Agencies providing OT, PT, and ST services via telehealth continue to require EVV records when billing.
Other	

March 2022 Update:

During the month of March, Colorado had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

April 2022 Update:

Colorado hosted a stakeholder meeting on April 19, 2022. During that meeting, the following updates were provided:

1. Three Year EVV Program Review
    a. Colorado continues to see improvements and is currently at about 95% compliance with EVV.
2. Live-In Caregiver Attestation Reviews
    a. This update was a reminder that the Live-In Caregiver Attestation form is reviewed and updated annually for Live-In Caregivers to continue to qualify for the exception.

3. EVV Report Cards Discontinued
    a. These will be discontinued after April 2022
    b. Instead of the report cards, the claim edit will provide the feedback on compliance
    c. Colorado will continue to use available resources to identify areas of needed improvement (Remittance Advice, Data Aggregator, etc.).
        i. Look at the Remittance Advice for which claim denied and cross reference that with the Data Aggregator to see why the denial occurred.
        ii. CO recommended waiting at least 24 hours before submitting billed claims line after a visit has been recorded or modified.

May 2022 Update:

Colorado hosted a stakeholder meeting on May 17, 2022. During the meeting, no substantive updates were provided, but the following guidance was provided during their "Updates" section:

1. EVV Indications and Provisioned – Applies to New Providers
    a. If a provider reaches out to Sandata and Sandata says the Medicaid ID is not on file, reach out to the state at evv@state.co.us to get confirmation of your EVV status.
    b. The state will check if the provider is indicated. "Indicated" means that provider is marked as ready for EVV by the State Medicaid Agency.
    c. If not indicated, complete the EVV Attestation form and follow the guidance. Once the application is process, the provider will receive a welcome email explaining the next steps for training and obtaining production credentials.
2. Switching EVV Technologies.
    a. During a technology switch, many records may need to be manually entered. Any claim line without an initial EVV may be entered and re-billed appropriately to ensure that no appropriate claims are denied.

June 2022 Update:

Colorado hosted a stakeholder meeting on June 21, 2022. During the meeting, no substantive updates were provided. They did, however, provide contact information for the FMS vendors when technology issues arise:

1. Palco
    a. Phone: 866-710-0456 and select the option for Colorado
    b. Email: CO-CDASS@palcofirst.com
    c. Website: https://palcofirst.com/Colorado/
2. Public Partnerships, LLC (PPL)
    a. Phone: 888-752-8250
    b. Email: ppcdass@pcgus.com
    c. Website: www.publicpartnerships.com/cofacts

DELAWARE

State Medicaid Agency	Delaware Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA)
Model	Open Providers can choose to use a state sponsored system (Sandata) at no cost or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the Sandata Aggregator and submit claims data on a daily basis.
Go Live Date	Soft Launch 9/23/2022 12/30/2022 For both PCS and Home Health Services
Claim Denials Due to EVV	No, but claims are expected to deny with go live on 12/30/2022
Contacts	DHSS_DMMA_EVV@delaware.gov
Services	Attendant S5125 Attendant Care-Self-Directed S5130 U2 Chore S5120 Companion S5135 Homemaker S5130 Home Health Aide G0156 Home Health Nursing G0299-RN / G0300-LPN Home Health Nursing – Assessment and Observation G0493-RN / G0494-LPN Home Health Nursing – Training and Education G0495-RN / G0496-LPN Nursing In-Home S9123-RN / S9124-LPN Physical Therapy G0151 / G0157 / G0159 Occupational Therapy G0152 / G0158 / G0160 Respire S5150 Respite – PASA agency T1005 U1 Respite – Home Health Agency T1005 PC Respite – Self-Directed T1005 U2 Respite – Self-Directed (Easter Seals Only) T1005 Speech Therapy G0153 / G0161 Private Duty / Independent Nursing T1000 Supported Living T2013 Waiver Personal Care T1019 Waiver PC – PASA Agency T1019 U1 Waiver PC – Home Health T1019 PC Waiver PC – Self-Directed T1019 U2
Technologies	1. GPS using a mobile application; 2. IVR from the recipient's landline phone only; 3. Manual Entry

	The state prefers providers bring their own device; however, State-issued devices will be available to providers using the Sandata system.
	
	The chosen EVV solution will need to verify the following:
	1. Procedure Code
	   a. Payer ID, Payer Program, and Procedure Code/Modifiers must match a valid record to validate.
	2. Client Identifier
	   a. Must use the 10-digit MID (Delaware Medicaid ID) and it must match an existing client record.
	3. Employee Identifier
	   a. First 3 letters of the employee's name plus last 4 digits of their SSN must match existing employee records.
	4. Optional Information
	   a. Must include the ability to clear exceptions, change visit information, and update tasks.
	
	Exception Codes are as follows:
	
	0 – Unknown Client
	1 – Unknown Employee
	2 – Visits Without Any Calls
	3 – Visits Without In-Calls
	4 – Visits Without Out-Calls
	23 – Missing Service

Technological Specs for Alt EVV	https://dhss.delaware.gov/dmma/files/evv_alt_vendor_spec_v1.pdf
Registration Requirement	Provider Agencies will complete the DE-DHSS Self-Registration through the portal. Registration will require providers to indicate whether they are going to use the DE-DHHS state supplied solution (Sandata) or an Alternate EVV System. If an Alternate EVV System is selected, the provider must submit vendor contact information. Once registered, providers will be contacted by Sandata. Those that selected an Alternate EVV solution will receive testing credentials and testing certification checklist from Sandata. The checklist will guide through what must be included in the files and uploaded during testing.
Exemptions	Live-in care givers do not need to enter their time into the EVV system. Services provided in a location outside of the home (e.g., school, hospital when an individual is enrolled in the Lifespan waiver). Services provided as part of a hospice benefit when the individual is enrolled in hospice. Services provided to a newborn who does not yet have their own Medicaid ID. Services provided out of state.

Other	Direct Service Worker (DSW) must enter the start and end time of the visit either into the EVV application on their phone, tablet, or state provided device, or by entering information via the member's home or cell phone.

DSW must receive permission from the member/family prior to using the home or cell phone to begin and end times. If permission is not granted, the DSW must find alternate means to validate visits.

Providers using an alternate EVV system will have the opportunity to test visit data transmission prior to go-live.

There will be a soft-launch with a few selected providers prior to go-live. |

May 2022 Update:

Delaware selected Sandata for their state sponsored solution in February 2022. They are working quickly for the proposed December 2022 go-live date. Information and specifications will be more thoroughly fleshed out in the coming months.

June 2022 Update:

Delaware held a stakeholder meeting on June 29, 2022 and made a few announcements worthy of note.

Business Rules Program Codes: Delaware is updating their Business Rules for the Program Codes to make things easier on providers by forgoing some of the granularity Delaware originally thought they needed. The updated specifications will be posted on the website in a few weeks. There are no changes to the HCPCS codes. They will also be adding an overtime modifier for self-directed services. It is unknown at this time if that will be included in the updated specifications.

Training: The training schedule has been developed and approved, but not released. They are looking to start training on September 8, 2022. Welcome kits will be sent out in August and provide more information about the upcoming training.

The training will be both Instructor led, and web based. Registration will be required for the instructor led and will be geared more towards providers using the Sandata solution. The recorded sessions can be accessed any time through a Learning Management System and will cover the Aggregator and Alternate EVV.

Registration: All providers must register and select whether they will use the Sandata solution or go with an alternate EVV. Once the registration is complete, a profile will be created for the provider. Information about this process will be sent out in August. Delaware will load the provider file into the account that gets formed, this includes all the direct service professionals and the patients being served. This information will not need to be added separately.

Pilot Launch: Delaware will have a soft launch starting on September 23, 2022. Two alternate EVV vendors have been selected to participate in the soft launch. They will get their credentials in July 2022 so they can be tested starting on September 23, 2022. All other alternate EVV vendors will get their credentials after September 23, 2022. Separate town halls are planned for alternate EVV vendors, but

no date has been announced yet. Delaware anticipates SIT and UAT to be done by the end of July and all issues resolved in advance of the 12/30/2022 Go Live date.

FLORIDA

State Medicaid Agency	Florida Agency for Healthcare Administration
Model	Open Florida providers may choose to use their own EVV system or the state's offered solution: Netsmart (Tellus). MCO's may use their own EVV system and submit data to the relevant aggregator. Florida has chosen three data aggregators: HHAeXchange, Tellus, and Costal Care.
Go Live Date	1/1/2021
Claim Denials Due to EVV	Yes
Contacts	ahcaevv@4tellus.com EDISupport@hhaexchange.com ProviderRelations@ccsi.care
Services	Behavioral Health Day Treatment Skills Training and Development Homemaker Service NOS Adult Companion Care Unskilled Respite Care Home Health Aide or Certified Nurse Assistant Nursing Care in Home LPN/LVN Services Respite Care Services Personal Care Services HH Aide or CN Aide RN Home Care LPN Home Care Medication Administration Visit
Technologies	The chosen electronic visit verification system must meet the following requirements: • EVV System must verify the utilization and delivery of home health services including (home health visits, personal care services, & private duty nursing) • EVV System must hold sufficient technology which can identify and deliver details of the homecare services while deterring fraudulent and/or abusive billing for the service • EVV System must provide an interface for electronic billing and require electronic submission of claims for home health services.
Technological Specs for Alt EVV	https://tellusolutions.atlassian.net/wiki/spaces/EVV/pages/182124545/Alternate+EVV+Vendor+Integration
Exemptions	Live-In Caregivers, as defined by Department of Labor
Other	For MCO's, at least 85% of claims paid must be verified using EVV technology without manual intervention.

March 2022 Update:

During the month of March, Florida had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

April 2022 Update:

During the month of April, Florida had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

May 2022 Update:

During the month of May, Florida had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

June 2022 Update:

During the month of June, Florida had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

GEORGIA

State Medicaid Agency	Georgia Department of Community Health
Model	Open Providers can choose to use a state sponsored system (Conduent – Netsmart (Tellus)) at no cost, or can use an alternative EVV system and incur the costs on their own. Alternative EVV systems must communicate with the Conduent (using Netsmart (Tellus)) Aggregator and submit claims data on a daily basis.
Go Live Date	04/1/2021
Claim Denials Due to EVV	Pending. Starting 11/1/2021 – Policy requires providers to use the Netsmart system to submit claims, however, claims submitted outside the Netsmart EVV system were not be paid beginning 01/01/2022. Due to technology issues, the requirement was walked back. A new date has not been selected yet, but the policy to submit via Netsmart remains in place.
Contacts	evv.medicaid@dch.ga.gov evvintegrations@ntst.com (Third Party Vendor Registration)Conduent
Services	Personal Support Services (PSS) and Community Living Support (CLS). Current Procedural Technology (CPT) codes T1019, T2025, and S9122 fall under the EVV program reporting requirements in the following programs and waivers: • Service Options using Resources in a Community Environment (SOURCE) • Community Care Services Program (CCSP) • New Options Waiver (NOW) • Comprehensive Supports Waiver Program (COMP) • Independent Care Waiver Program (ICWP) • Georgia Pediatric Program (GAPP) Affected Programs and Codes can be found here: https://medicaid.georgia.gov/programs/all-programs/georgia-electronic-visit-verification-evv Note: Skilled Nursing Services by Private Home Care Providers will not be impacted by the EVV implementation in 2021. However, EVV will be implemented for Home Health Care Services (including Skilled Nursing Services) by January 1, 2023.
Technologies	Telephone Timekeeping with Telephony (landline or cellphone) Web or Phone based Application using GPS One Time Password Generator Using a Key Fixed Object (FOB) Requirements for using the Tellus solution: atesd-tellusevvhardwareandsoftwarerequirements-260620-1407.pdf
Technological Specs for Alt EVV	Georgia EVV Third Party Implementation Materials https://medicaid.georgia.gov/programs/all-programs/georgia-electronic-visit-verification-evv/evv-third-party-information

	Georgia Third Party requirements and attestation, https://medicaid.georgia.gov/document/document/gadchthirdpartyattestationpdf/download Third-Party EVV Vendors should contact Netsmart at evvintegrations@ntst.com in order to register.
Exemptions	Elderly and Disabled Waiver Programs (SOURCE & CCSP) The NOW and COMP Programs ICWP Program
Other	

March 2022 Update:

On March 11, 2022, Georgia received its CMS EVV Solution Certification Approval.

One exception remains to the 11/01/2021 EVV Mandatory claims deadline

- Claim types tied to an open "Tier 2" ticket with Netsmart may be submitted directly to GAMMIS. The remainder should now be billed through the State EVV Solution, Netsmart Mobile Caregiver+
  - o The issue related to Patient Liability/Cost Share has been corrected.

Third Party Alternative EVV Solution Deadlines:

- The deadline for initiating the integration process with Netsmart is 3/31/2022
  - o Beginning the integration process after this date will subject the vendor to implementation and maintenance fees.
- Deadline to fully complete the integration process with Netsmart is 6/30/2022

Update to the Employers EVV Checklist for Continuum Self-Directed Members

- Form is used for self-directed or consumer-directed members and their families who use Continuum Fiscal Services (Continuum) and act as the employer for an aide or caregiver (staff) who provides Personal Support Service (PSS) and Community Living Supports (CLS). The checklist includes activities that should be completed for Georgia's EVV program to comply with the 21st Century CURES Act. EVV Service Providers | Georgia Medicaid

April 2022 Update:
During the month of April, Georgia had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

May 2022 Update:
During the month of May, Georgia had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

June 2022 Update:
During the month of June, Georgia had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

INDIANA

State Medicaid Agency	Indiana Family and Social Services Administration (FSSA)
Model	Open Providers can choose to use a state sponsored system (Sandata) at no cost, or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the Sandata Aggregator and submit claims data on a daily basis.
Go Live Date	FFS: 1/1/2021 MCO: 1/1/2023
Claim Denials Due to EVV	Personal Care Services will deny starting 1/1/2023. Until then, Post and Pay model being used, providers will see EVV error codes on their EOB or Remittance Advices. Subject to post payment review and payment recoupment. Error codes are 950, 951, and 952.
Contacts	EVV@fssa.in.gov INaltEVV@sandata.com
Services	Personal Care Services
Technologies	1. GPS using a mobile application; 2. IVR from the recipient's landline phone only; 3. Manual Entry
Technological Specs for Alt EVV	The technical specifications can be found at: https://www.in.gov/medicaid/providers/files/Alternate_EVV_Specifications.pdf The Indiana specific technical specifications addendum be found at: https://www.in.gov/medicaid/providers/files/Indiana_Addendum_for_Alternate_EVV_Specifications.pdf
Exemptions	Client and Caregiver Living together (S5125 with modifiers U7 U1 or S5125 with modifiers U7 U1 TU) Medical Supplies, Equipment, or Appliances (T2029 with modifiers U7 NU)
Other	

March 2022 Update:

During the month of March, Indiana had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

April 2022 Update:

Indiana held an Alternate EVV stakeholder meeting on April 19, 2022. During that meeting, the following updates were provided:

1. As of April 19, 2022, Indiana has not selected a date for which edits will cause EVV claims denials.
2. The current EVV error codes will not change once claims denials start.

3. The state has seen vendors sending scheduled times instead of actual in and out. This practice is not permitted, actual in and out times are required. Currently, when the state sees this, they will contact the agency.

On April 8, 2022, Indiana released an Indiana Third Party EVV Addendum v2.8. The addendum can be found here: Indiana_Addendum_for_Alternate_EVV_Specifications.pdf. The Addendum updated the expected value for ClientCustomID. Previously, the Expected Value/Format of the ClientCustomID was a "12 DIGIT Client Medicaid ID". This Addendum updated the Expected Value/Format to be "LIVE DATA This field may be used to provide other client identifiers." No other updates were made.

May 2022 Update:
During the month of May, Indiana had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

June 2022 Update:
On June 30, 2022, Indiana released a bulletin announcing the date of full enforcement of EVV for personal care services and other updates. Beginning January 1, 2023, Indiana will deny claims for personal care services that are not EVV compliant. Providers should review their Remittance Advices and look for the following Explanation of Benefits (EOB) codes related to EVV to understand if a provider's claim denied due to an issue with EVV:

1. 0950 – Matching EVV data not found
2. 0951 – Matching EVV data not found
3. 0952 – EVV Aggregator units less than units submitted on the claim, provider should verify EVV aggregator information.

NEW JERSEY

State Medicaid Agency	New Jersey Division of Medical Assistance and Health Services (DMAHS)
Model	Open NJDMAHS utilizes HHAeXchange (HHAX) as their aggregator. Providers may use their own third party EVV system or the service provided by HHAX. Third party EVV systems must share new and updated data in real time. MCOs utilize either HHAX or CareBridge as their vendor of choice. Aetna, UnitedHealthcare Community Plan, and WellCare connect directly to HHAX. Amerigroup and Horizon connect to CareBridge and CareBridge relays the visit data to HHAX. Horizon claims are submitted directly to Horizon, where Amerigroup requires claims to be submitted through the CareBridge system.
Go Live Date	Cohort 1: 7/18/2022 Cohort 2: 7/18/2022 Cohort 3: TBD (August Go Live postponed)

Cohort Definitions	**Cohort 1:** Skilled Nursing/Private Duty Nursing/Home Health
	      Codes: 97597, 99601, 99602. G0299, S9122, S9123, S9124, S9127, T1000, T1002, T1003, T1030, T1031
	
	Cohort 2: Therapies
	      Codes: 92507, 97110, 97129, 97130, 97535, G0151, G0152, S9128, S9129, S9131, 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158, 0362T, 0373T, 96157_EP, 96158_EP, 96159_EP, 96164_EP, 96165_EP, 96167_EP, 96168_EP, 96170_EP. 96171_EP
	
	Cohort 3: ABA

Claim Denials Due to EVV	No Failure to complete required training and demonstrate continual progression towards EVV compliance may result in the transitioning of members from your agency to an EVV compliant agency.
Contacts	mahs.evv@dhs.state.nj.us NJSupport@hhaexchange.com EDIsupport@hhaexchange.com NJEVV@carebridgehealth.com
Services	Personal Care Assistance services MLTSS Home-Based Supportive Care DODD Individual Supports DODD In-Home Respite DODD Community-Based Supports
Technologies	GPS using mobile application IVR from recipient's landline phone only (no cellphone IVR) Fixed Object Device; and Manual Entry (should be decreasing over time)

Technological Specs for Alt EVV	o Business Requirements- https://hhaxsupport.s3.amazonaws.com/SupportDocs/EDI+Guides/EVV+Aggregation/NJ/EVV+Data+Aggregation_Business+Requirements+-+NJ.pdf o Technical Specifications- https://hhaxsupport.s3.amazonaws.com/SupportDocs/EDI+Guides/EVV+Aggregation/NJ/HHAX+EVV+API+Technical+Specifications_NJ.pdf
Exemptions	PCS provided in a congregate residential setting where 24-hour service is available Live-in caregivers that complete attestation forms
Other	All services require prior authorization and Place of Service (POS) Code 12 for EVV payment. Cohorts 1 and 2: all other modifiers will be accepted so long as POS 12 is used. Cohort 3: Codes must be billed with the modifiers identified in the code details.

March 2022 Update:

During the month of March, New Jersey had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

April 2022 Update:

On April 28, 2022, Horizon NJ sent out a reminder email of upcoming dates. All payers in NJ will require all providers to be fully integrated and implement EVV for skilled and therapy services by July 1, 2022. ABA therapies are required to be fully implemented by 08/19/2022.

Providers have until 12/31/2022 to add certification and licensing information to the integration for rendering providers.

May 2022 Update:

During the month of May, New Jersey had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

New Jersey did, however, update their EVV website, Division of Developmental Disabilities | Electronic Visit Verification (EVV) for Providers (nj.gov), by renaming the "EVV Provider Status Report" as the "Provider Compliance Report" and adding the Live-In Caregiver Attestation to the EVV Updates and Information Section.

June 2022 Update:

On June 23, 2022, New Jersey held a stakeholder meeting where the following updates were provided:

Go Live Date: The Go Live Date for Cohorts 1 and 2 (Skilled Care and Therapies) will go live on 7/18/2022. The Go Live Date for Cohort 3 (ABA) has been postponed, with no new date announced.

Member & Authorization Management:

1. Automatic loading of members and authorizations for the following Payers:
    a. Fee for Service
    b. Aetna
    c. United Healthcare

> d. Wellcare of NJ
2. Members and authorizations must be manually entered by provider for the following Payers:
>> a. Amerigroup
>> b. Horizon

All providers, regardless of payer, will need to manage the member's additional phone numbers and addresses on the member profile page within the HHAeXchange to reflect where services should be provided.

Billing: Billing can be submitted through HHAeXchange for Cohorts 1 and 2 starting 7/18/2022 but is not being required at this time.

NORTH CAROLINA

State Medicaid Agency	North Carolina Department of Health and Human Services (DHHS)
Model	Open Providers can choose to use a state sponsored system (Sandata) at no cost, or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the Sandata Aggregator and submit claims data on a daily basis.
Go Live Date	PCS – 1/1/2021 Innovations and TBI waiver – 3/31/2021 1115 Managed Care Demonstration waiver – 7/1/2021 Home Health Aide Services – 1/1/2023
Claim Denials Due to EVV	Yes
Contacts	Medicaid.EVV@dhhs.nc.gov NCAltEVV@Sandata.com
Services	Phase 1 1905(a)(24) State Plan Personal Care 1915(c) HCBS Waivers 1915(i) HCBS State Plan 1915(j) Self-directed Personal Attendant Care Services 1915(k) Community First Choice State Plan 1115 Demonstration Waiver Phase 2 1905(a)(7) State Plan Home Health Services Home Health Services authorized under a waiver of the plan
Technologies	GPS using a mobile application IVR from the recipient's landline phone only Fixed Object Device Manual Entry
Technological Specs for Alt EVV	https://medicaid.ncdhhs.gov/media/8030/download
Exemptions	Live-In Caregivers who complete an Attestation Form every 6 months Nursing services through Private Duty Nursing (PDN) or CAP/C nurse respite Individuals who reside in adult care homes and licensed residential facilities
Other	

March 2022 Update:

During the month of March, North Carolina had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

April 2022 Update:

On April 25, 2022, North Carolina held a stakeholder meeting during which they announced their preparations for rolling in Home Health Services into EVV. They anticipate a soft launch in either October or November 2022, and to be fully compliant with the January 2023 deadline. A more definitive deadline will be issued in the coming months.

They will be implementing the following revenue codes:

Therapies	
Revenue Code	Service Description
420	Physical Therapy
424	Physical Therapy Evaluation
430	Occupational Therapy
434	Occupational Therapy Evaluation
440	Speech Language Pathology Services
444	Speech Language Pathology Services Evaluation
Home Health Aide	
570	Home Health Aide
Skilled Nursing Visits	
550	Initial Assessment/Re-Assessment
551	Treatment, teaching/training, observation/evaluation
550	For a dually eligible beneficiary when the visit does not meet Medicare criteria
580	Venipuncture
581	Pre-filling insulin syringes/Medi-Planners

May 2022 Update:

During the month of May, North Carolina had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines.

June 2022 Update:

During the month of May, North Carolina had no substantive updates to its EVV program. There were no new, updates, or deadlines. They did, however, indicate that they will be reprocessing all Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) claims submitted on or after January 1, 2021, to include a 10% EVV rate increase. The adjustment will be distributed on three dates: July 12, 2022, July 19, 2022, and July 26, 2022.

PENNSYLVANIA

State Medicaid Agency	Pennsylvania Department of Human Services (DHS)
Model	Open

Providers can choose to use a state sponsored system (Sandata) at no cost, or can use an alternative EVV system an incur the costs on their own. Alternative EVV systems must communicate with the DHS Aggregator and submit claims data on a daily basis.

Providers serving MCO enrolled participants may use the MCO's EVV system: HHAeXchange (HHAX).

Providers using Gateway Health may use Netsmart EVV. Claims must be submitted through the Netsmart EVV System.

Participant directed programs in the Office of Long-Term Living waivers, will use Time4Care. |
| **Go Live Date** | PCS – 1/1/2019
HHCS – 08/10/2022 (soft launch) |
| **Claim Denials Due to EVV** | CHC – Yes
PH - No
HHCS will begin 1/1/2023 |
| **Contacts** | ra-pwevvnotice@pa.gov
PAAltEVV@sandata.com |
| **Services** | PCS:
Office of Long-Term Living (OLTL) Waivers
CHC 1915(c) Waiver, OBRA Waiver, and Act 150 Program (Includes Agency and Participant-Directed Services)
- Personal Assistance Services
- Respite (unlicensed settings only)
- Participant-Directed Community Supports
Office of Developmental Programs (ODP)
Consolidated, Person/Family Directed Support Waiver (P/FDS), Community Living Waiver, Adult Community Autism Program (ACAP), and Intellectual Disabilities/Autism (ID/A) Base Services (Includes Agency and Participant-Directed Services)
- Companion
- In-Home and Community Support
- Respite (unlicensed settings only)
- Homemaker
Adult Autism Waiver
- Community Support
- Respite (unlicensed settings only) |

	Adult Community Autism Program (ACAP) • Specialized skill development • Respite (unlicensed settings only) • Homemaker • Personal assistance **Office of Medical Assistance Programs (OMAP)** PCS are home health aide or certified nurse assistant services provided to individuals under 21 years of age by a home health agency.
Technologies	Mobile application on a smart phone that captures GPS coordinates Telephonic verification using landline Voice over Internet Protocol (VoIP) when combined with another method to verify location like an in-home fixed visit verification device Cellphone when combined with another method to verify location like an in-home fixed visit verification device
Technological Specs for Alt EVV	Updated Technical Specifications: https://www.dhs.pa.gov/providers/Billing-Info/Documents/PA-DHS_EVV_Vendor_Specification%20v1.0.pdf EVV Vendors should contact Netsmart at evvintegrations@ntst.com to register. Netsmart will in turn contact the vendor providing instructions, requirements, and next steps for integration. Netsmart will also reach out to the providers to ensure the inquiring vendor has their permission to implement EVV on the providers behalf.
Exemptions	• Service coordination entities (SCEs) are not required to use EVV. • Personal care services that are provided to inpatients or residents of a hospital, nursing facility, intermediate care facility for individuals with intellectual disabilities, or an institution for mental diseases, as well as personal care services that do not require an in-home visit, are not subject to the EVV requirement.
Error Status Codes	ESC 925: EVV PCS Visit Verified ESC 926: EVV Internal Record Format Error ESC 927: PSC Units Billed Exceeds Units Verified in EVV ESC 928: No Matching EVV PSC Visit Found ESC 929: EVV Web Service Timeout ESC 930: EVV Internal Error ESC 931: EVV – PROMISe Internal Error ESC 932: EVV – Not Making a Call/Data Missing ESC 935: EVV HHCS Visit Verified ESC 937: HHCS Unit Billed Exceeds Units Verified in EVV ESC 938: No Matching EVV HHCS Visit Found
Other	DHS expects providers to have at least 50% of claims submitted without manual entries to the EVV data. DHS will work with providers unable to meet this threshold on a quarterly basis to develop corrective action plans to bring the provider into compliance. Note: Visit times must be actual times, not rounded.

March 2022 Update:

During the month of March, Pennsylvania had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines. However, the updated technical specifications were published. More information will be obtained in April.

April 2022 Update:

On April 11, 2022, Pennsylvania held an alternate EVV webinar where the new technical specifications were announced and released.

On April 25, 2022, Sandata sent the recertification emails to existing vendors to begin the home health implementation. If implementation is not completed by August 10, 2022, PCS claims will deny.

Changes to note in the specifications:

- Payer/Program/Service combo will dictate whether the NPI or Medicaid ID is used. PA will be using the Provider ID Qualifier to verify via API if the agency is qualified to provide the service.
  - o Medicaid ID can be used in client and employee transmission.
  - o For visit transmission, the ID must be associated to the right Payer/Program/Service combo.
  - o There is guidance in the tech specs as to which services expect which ID.

9.1.1 HCPCS Procedure Codes

Payers, Program, Services, & Modifiers: Payer = PAODP PCS (Use MPI only)

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
PAODP	ODP	W1724	U1				Companion Basic (1:3) - ECS
PAODP	ODP	W1724					Companion Basic (1:3)
PAODP	ODP	W1725	U1				Companion Level 1 (1:2) - ECS
PAODP	ODP	W1725					Companion Level 1 (1:2)

Payers, Program, Services, & Modifiers: Payer = PAODP HHCS (Use NPI only)

Payer	Program	HCPCS Code	Modifier 1	Modifier 2	Modifier 3	Modifier 4	Description
PAODP	ODP	T2025	GN	U1			Speech/Language Therapy - 15 Mins - ECS
PAODP	ODP	T2025	GN	U2			Speech/Language Therapy - 15 mins - AAW
PAODP	ODP	T2025	GN				Speech/Language Therapy - 15 Mins
PAODP	ODP	T2025	GO	U1			Occupational Therapy - 15 Mins - ECS
PAODP	ODP	T2025	GO	U2			Occupational Therapy - 15 mins - AAW
PAODP	ODP	T2025	GO				Occupational Therapy - 15 Mins
PAODP	ODP	T2025	GP	U1			Physical Therapy - 15 Mins - ECS
PAODP	ODP	T2025	GP				Physical Therapy - 15 Mins

Recertification Quick Reference Guide: https://www.dhs.pa.gov/providers/Billing-Info/Documents/PA-DHS%20Alternate%20EVV%20Quick%20Reference%20Guide%20(Recertification).pdf

Updated Technical Specifications: https://www.dhs.pa.gov/providers/Billing-Info/Documents/PA-DHS_EVV_Vendor_Specification%20v1.0.pdf

May 2022 Update:

During the month of May, Pennsylvania had no substantive updates to its EVV program. There were no new announcements, updates, or deadlines. The next stakeholder meeting will be held on June 24, 2022, at 1:00pm.

June 2022 Update:

On June 24, Pennsylvania had a stakeholder meeting. During that meeting, the following items were discussed.

Payer Codes: Effective 12/31/2022, old payer codes will no longer be accepted.

Good Faith Extension: Pennsylvania intends to apply for a Good Faith Effort Extension for HHCS EVV implementation. This will grant a year for HHCS EVV implementation only and have no impact on PCS

EVV. The soft launch date will remain 8/10/22, but the extension will move the hard launch to 1/1/2024/

Claims Submission: Pennsylvania will no longer require EVV claims to be billed through the PA-DHS EVV System Module.

Claims Denials: Claim denials for PH services have been postponed. A new notice will be sent out when a new date has been selected.

Start and End Times: The start and end time on a claim must match the start and end time on the EVV capture exactly. While the overall time of the visit can be rounded, the start and end times much match exactly in order to ensure the visit can be verified.

Visits Crossing Midnight: Visits crossing midnight mut be split in to two back-to-back visits at midnight.

V5 Specifications: HHAeXchange is requiring alternate vendors to transition to the V5 specifications by July 1, 2022. Compliance with the aggregator requirements goes into effect on August 10, 2022, and they want to ensure all vendors are current and ready.