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## **Electronic Visit Verification Frequently Asked Questions (FAQ)**

### **What is EVV?**

"Electronic Visit Verification" (EVV) is a telephone and computer-based timekeeping system that electronically verifies when and where Personal Assistance (PA) services are provided to you.

The United States government requires that all Medicaid Home and Community Based Services (HCBS) PA service providers switch from paper timesheets to an electronic system by January 1, 2020.

### **What does EVV do?**

EVV verifies:

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

### **Who uses EVV?**

All HCBS PA providers. This includes agency-based and self-directed providers. Your HCBS and/or Fiscal Management Service Provider will make sure they have an EVV system in place. Your PA staff will be able to electronically "check in" when they arrive, and "check out" when they leave.

### **Is there a cost to use EVV?**

There is no cost to the participant. The state does not cover the cost of EVV, HCBS providers will be responsible for paying for it and making sure staff use it to call in and call out. Your staff may need to use your phone to check in and out. Providers will need to decide on an EVV system that works best for them considering the costs and benefits.

### **What if PA services are provided in a rural area with limited or no phone coverage?**

Global Positioning System (GPS) has the ability to capture information when there is no internet connectivity (off-line mode). The Information uploads later when internet service is available. All EVV systems in Missouri will be required to be able to do this.



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**Does off-line mode capture the GPS location?**

GPS does not require internet so it has the ability to capture location when not on a network. There are multiple EVV systems with the capability to perform this function.

**Are Time-Based One-Time Password (TOTP) token devices sufficient for those areas with limited or no phone coverage?**

Yes, if the device is secured in the participant's home.

**Who benefits from EVV?**

The system can improve the health and welfare of individuals served by validation of services and reduces the potential for fraud, waste, and abuse by ensuring the service was provided. Everyone benefits as the quality of services should improve and the amount of fraud should be reduced. PA providers will be able to manage services more easily.

**Is an EVV vendor necessary if you already contract with a company that captures documentation services and has the capability to collect each of the data elements required?**

If your current system collects all the data elements that are required and is able to exchange data with the aggregator it will meet the requirements. Since the aggregator is not in place yet, it is important to know if the EVV vendor is willing to work with them and cover any expense related to data exchange with the aggregator.

If a provider has an EVV software that supports documentation function, and it meets Missouri Medicaid Audit and Compliance Unit (MMAC) requirements, then that is fine. Following implementation of the aggregator, the EVV vendor will have to verify they are collecting the mandatory data elements and are able to send them to the aggregator before they will be added to the MMAC registry.

Documentation requirements are not changing and may still be done the way they are now.

**Where are providers supposed to send the EVV information if the aggregator isn't available January 1, 2020?**

Until a contract is awarded for an aggregator solution, EVV information should be collected and stored in order to be utilized once the aggregator is implemented. EVV data should be available upon request for audit purposes.



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### **How will the state aggregator be funded?**

EVV implementation is a Federal requirement so we are requesting increased federal match to offset the cost of an aggregator. The aggregator solution is a way to measure EVV compliance, but is not required by the Cures Act. Not having an aggregator in place does not remove the requirement to use EVV to document delivery of services.

### **What is MMIS?**

The Medicaid Management Information System (MMIS) is the MOHealthNet billing system.

### **How does EVV affect the DD waivers Self-Directed program?**

EVV will be part of the Fiscal Management Services (FMS) contract which is currently in the process of being awarded. Implementation of EVV will begin once contract is awarded, systems are tested and training has been completed.

### **Will the DD contracted Fiscal Management Service system be responsible for making arrangements for EVV?**

Yes. EVV is a required component of the fiscal management contract.

### **How is the type of EVV selected for self-directed PA?**

The self-directed FMS contractor will be required to adapt different technology solutions depending on the situations. Nothing changes the basic requirement for the elements that need to be captured.

### **How will the State evaluate whether or not a provider is EVV compliant?**

MMAC will conduct random checks until the aggregator is in place. Following implementation of the aggregator, providers not using EVV will be easily identified through aggregator reports.

### **Is there an EVV vendor list available?**

The State of Missouri has not vetted EVV vendors and therefore does not have an approved list. Provider associations may be a resource for referrals.



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**What are the DD waiver services that EVV will require?**

All PA (T1019) services which includes agency-based and self-directed. Variations of PA such as Group and Medical are included. Services with a personal care sub-component such as Group Home, Individualized Supported Living, Community Integration, Respite and Day Habilitation are not included.

**How are tasks/notes maintained if they are not part of the EVV requirements, but used for audits?**

Continue to enter documentation in the manner that is currently in place.

**Can DHSS task lists be utilized as documentation for DD PA services in Lieu of paper documentation for PA services?**

The state has determined that task lists will not suffice for DD waiver documentation. There will be further guidance if this changes.

**Do the EVV requirements such as the check-in/out times using the EVV system meet DMH documentation requirements?**

The documentation requirements will not change due to EVV and should continue as they are currently. EVV data and the documentation data do not have to be in the same place or system. MMAC will just need to be able to access all the information in the event of an audit.

**Who will directly utilize the EVV system?**

Entry into the EVV system will be done by direct support professionals (DSP). Provider agencies will use EVV for oversight.

**What is the state's expectation with the transition of providers to EVV venders and eventually the aggregator?**

MMAC and other state agencies will be flexible during the transition period to the aggregator but they expect to see all providers making progress in achieving full compliance. MMAC will evaluate providers based on their lack of progress with EVV compliance and will be working to identify those providers who are using EVV very little or not at all.



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**Will it be a support coordinator's role to review and verify EVV documents?**

DMH-DD has not developed a policy regarding using EVV data for service monitoring at this point. Future guidance will be coming out.

**Does CIMOR allow for batch billing? If not, does the PA services through the EVV system be required to be re-entered into the CIMOR system?**

CIMOR allows for batch billing through a HIPPA compliant 837 claim transaction. This will not be impacted by the EVV requirement. Providers may bill directly from their system or they may work with their EVV provider to bill directly from the EVV vendor to CIMOR and the new case management system. Providers are encouraged to research multiple options before making a selection in order to ensure their needs can be met.

**Will the EVV vendors interface with the Division of DD's Case Management system?**

Interfacing claims with the Division of DD is permitted however; the Division has no plans at this point to request EVV visit data from agencies.

**It's been reported to some DD waiver providers to be prepared for all DD waiver services to require EVV in the very near future. Is this correct?**

Effective January 1, 2020 the Cures Act requires DD PA services to implement EVV. DD does not plan to require EVV for any other services at this time, but if federal or state mandates change in the future DD will comply.

**If an electronic documentation web based provider has the capabilities to offer and provide EVV capabilities can they continue to be utilized for EVV if they become a certified EVV provider?**

Yes, if the electronic documentation web based provider can collect the six data elements: Type of service performed (including tasks if required by the authorizing agency), Individual receiving the service, Individual providing the service, Date the service was provided, Location where service delivery begins & ends, Time the service begins & ends.

**What is Telephony?**

Telephony is the use of the participant's landline telephone to check in and check out for providing the PA services. If a cellular phone is used (no matter who the phone belongs to), it



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is not considered telephony and required the support of either GPS or a device in the person's home.

**When a participant uses Telephony, is there an exception for the use of telephony if the participant leaves the state for a short while?**

No, another means of technology, such as a mobile application on a phone or tablet would be needed.

**Are there any EVV exceptions, for example, Self-directed PA and Group PA?**

There are no exceptions.

**Is EVV required if the caregiver and participant live together?**

While CMS does not require it, the state of Missouri has determined the state will require EVV when the caregiver and participant live together.

**Is EVV required with Group PA and if so, what does that look like?**

EVV is still required with Group PA and is implemented the same way as EVV is with one participant. The EVV vendors will have mechanisms for the DSP to document for each individual in the Group PA service.

**Can DD PA providers use the task list for required progress notes?**

No, continue to enter required documentation in the manner that is currently in place. Task list may not replace provider progress notes.

**DD PA is typically in the community, how will EVV work?**

EVV will record the location when the staff checks in and the location when the staff checks out. Either location may be in the community or in the home. The EVV software should allow for this situation.

**How do you correct a mistake? Such as, a PA staff forgets to check out?**

The PA provider should make sure the EVV vendor has options and the capability that PA Staff can make voids, updates and changes in their EVV system. All changes will be flagged and sent to the aggregator with notice that changes were made to the original entry and why.



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**PPL's contract ends December 31, 2019, who has been awarded the new self-directed contract?**

The self-directed FMS contract will be identified as soon as the contract has been signed.