



**NC Department of Health and Human Services** 

### Electronic Visit Verification – Stakeholder Meeting

**Breakout Session 1** 

**December 17, 2020** 

#### **BREAKOUT SESSIONS – 30 MINUTES**

PCS and CAP Waiver Policy FACILIATATORS – WRenia Bratts-Brown and Cassandra McFadden, NC MEDICAID

#### PCS Policy:3L Amended date - January 1, 2021

#### 4.2.2 <u>Medicaid Not Covered Specific Criteria</u>

#### Medicaid shall not cover PCS when:

Providers subject to Electronic Visit Verification (EVV) have not enrolled with an EVV solution as required by Section 12006 1903(I) of the 21st Century Cures Act.

Note: Adult Care Home Providers are not subject to the EVV requirement

#### 6.1.4 Requirements for State Plan PCS On-Line Service Plan

Provider organizations subject to EVV shall ensure that the service calendars are adjusted to reflect the monthly service authorization as needed.

Provider organizations subject to EVV shall adjust service calendars when Service Plan revisions are required.

### 7.4.2. <u>Electronic Visit Verification Requirements (EVV)</u> <u>Minimum Requirements</u>

Providers Subject to EVV must comply with the requirements listed below:

- □Comply with Section 12006 1903 (I) of the 21<sup>st</sup> Century Cures Act and any subsequent amendments.
- □Register with the State's EVV solution or procure an alternative EVV solution.
- □If provider selects alternative solution, the solution must be compliant with 21st Century Cures Act and all state requirements.

#### Cont.

- □ Provider agencies must have written documentation that they have informed beneficiaries of the EVV requirement.
- Provider agencies must complete all required EVV trainings prior to providing services.
- Provider agencies must train staff on use of EVV system selected and ensure continued training

#### Cont.

EVV visit verification validation components required by the 21<sup>st</sup> Century Cures act are listed below:

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

#### **QiRePort Provider Interface Enhancements**

• The requirement to complete on-line service plan calendars (IHC Providers only) will start January 1, 2021 and will be completed for new requests, annuals, service plan revisions, change of status requests, etc. as they are due. Providers will **not be** required to complete service plan calendars for current beneficiaries prior to 1/1/2021.

# Community Alternatives Programs (CAP) - Updates

- Technical changes to include the EVV mandate were made to the CAP/C and CAP/DA Clinical Coverage Polices:
- Section 5.0 Requirements for and Limitation on Coverage
  - The provider subject to the EVV requirements shall obtain an EVV confirmation before submitting claims for personal care-type services approved in this policy
- Section 6.0 Provider(s) Eligible to Bill for the Procedure, Product, or Service
  - Providers(s) shall comply with Section 12006 1903(I) (Electronic Visit Verification, EVV) of the 21<sup>st</sup> Century Cures Act and any subsequent amendments to validate in-home visit(s) rendered for personal care type services approved in this policy.

- Section 6.0 Provider(s) Eligible to Bill for the Procedure,
   Product, or Service and Section 7.0 Additional Requirements
  - have written documentation that recipients of in-home aide and pediatric nurse aide services were informed of the EVV requirement;
  - complete all required EVV trainings prior to providing in-home aide and pediatric nurse aide services;
  - train staff on use of EVV system selected; and
  - ensure administrator, essential personnel and staff within organization participates initial, annual and refresher training in EVV.

- Section 7.19 Use of Telephony and Other Automated Systems
   Providers subject to EVV shall comply with the EVV requirements. Those requirements are listed below:
  - Register with the State's EVV solution or procure an alternative EVV solution.
  - A selected alternative solution must be compliant with 21<sup>st</sup> Century Cures Act and all state requirements; and
  - Regular and routine training must be provided to staff on the use of the EVV system selected.

Attachment A- Claims Related Information

Provider(s) subject to the EVV requirements shall capture and verify seven (7) core in-home visit components, which are required under the 21st Century Cures Act to complete real-time electronic verification, tracking, and documentation. These core components are:

- Date of Service;
- Location of service delivery;
- Individual providing service;
- Type of services performed;
- o Individual receiving service;
- o Time service begins; and
- o Time service ends.

- Appendix B Service Definition and Requirements
  - is subject to the EVV requirements and the provider agency shall comply with Section 12006 1903(I) of the 21st Century Cures Act and any subsequent amendments, when applicable.
    - CAP In-Home Aide
    - Pediatric Nurse Aide
    - Personal Care Assistance
    - Respite services, excluding nurse respite
- Appendix F: Glossary of Terms
  - New EVV definition

#### **Authorization of CAP HCBS**

- Using and understanding the CAP Service Authorization
  - All but one EVV requirement is listed on the CAP service authorization (SA), name of the caregiver.
  - The requirements listed below can be found on the SA:
    - Date of Service;
    - Location of service delivery;
    - Individual providing service;
    - Type of services performed;
    - Individual receiving service;
    - Time service begins; and
    - Time service ends.
  - Not an EVV requirement, but the task list can also be found on the SA

Submit
Questions via
the chat option



#### **Program Contacts**

Personal Care Services	Community Alternatives Programs (CAP/C and CAP/DA	Innovations and Traumatic Brain Injury
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EVV questions may be sent directly to <a href="Medicaid.evv@dhhs.nc.gov">Medicaid.evv@dhhs.nc.gov</a>

Visit the NC Medicaid EVV webpage for updates on EVV medicaid.ncdhhs.gov/evv