

Region 9 AAA	Local Policy #	V-8
Policy Name:	Electronic Visit Verification (EVV)	
Original Policy Date:	September 2024	
Review Date:		
Revise Date:		

Policy:

The 21st Century Cures Act (the Cures Act), enacted by the U.S. Congress in December 2016, added Section 1903(l) to the Social Security Act to require all states to use electronic visit verification (EVV) for personal care services (PCS) and home health care services (HHCS) provided under a Medicaid State Plan of the Social Security Act or under a waiver of the State Plan. EVV is a technology-based validation of PCS or HHCS that is required when a provider begins or ends a visit in the home. This information helps to ensure that beneficiaries receive their authorized care. The requirement of EVV does not prohibit PCS being delivered outside of the beneficiary's home. PCS should continue to be delivered in accordance with the beneficiary's needs, the individual plan of care, and the State Plan or Home and Community Based service standards.

The Michigan Department of Health and Human Services (MDHHS) implemented an open vendor EVV model which allows providers flexibility to use the state EVV system at no cost or another EVV system of the vendor's choosing at their own cost if it meets state and federal requirements. The state selected HHAeXchange as its EVV vendor and aggregator meaning data from other EVV systems will flow through the state's EVV system. Additional EVV information can be found in L letter [L 24-14](#) and bulletins [MMP 23-76](#) and [MMP 24-11](#).

This policy is applicable to community living supports and respite providers, which includes self-determination providers of those services. The Centers for Medicare & Medicaid Services (CMS) does not require EVV for personal care services (PCS) provided in settings offering 24-hour service availability or in congregate residential settings where 24-hour service is available.

In addition, live-in caregivers can be granted exemption from EVV. For the purposes of EVV, the definition of "live-in caregiver" requires the provider to meet all the following criteria:

- The caregiver lives in the same home as the participant;
- The home is the caregiver's permanent and primary residence; and
- The caregiver is responsible for providing PCS that require EVV to the participant.

The caregiver can be employed by the participant through a home care agency or an approved self-determination arrangement.

Purpose:

To provide information about the EVV requirements set by MDHHS for the MI Choice Waiver Program.

Procedure:

1. Providers holding a MI Choice Waiver contract for the following service types must use an EVV system when a provider begins or ends a visit in the home.
 - a. Community Living Supports (H2015)
 - b. Unskilled Respite Care (S5150)
2. Providers must obtain a National Provider Identifier or NPI if they don't already have one.
3. In the Vendor Maintenance file, Waiver Agents need to make sure an accurate NPI number is entered for all applicable EVV vendors. Any new NPIs require the creation of a new vendor maintenance file.
4. Providers must register for a MI Login Account and Community Health Automated Medicaid Processing System (CHAMPS) using these instructions: <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/CHAMPS/MiLogin-Instructions.pdf?rev=5da08be26e364495be0802127177961c&hash=D286EB93217A2ABC73E95F871E2691FF>
5. Providers must complete a CHAMPS provider enrollment application using these instructions: <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Medicaid-Provider-Assets/Provider-Enrollment-Assets/EVV-Atypical-Enrollment-Instructions.pdf?rev=0765cfc5832c4b4eafe54bd0fe520ecb&hash=1A32A9CAAC8726EFAC7CC192CBAEBDE7>
 - a. The enrollment type is "Atypical" for the MI Choice Waiver program.
 - b. The specialty is "Home and Community Based Services Agencies"
 - c. Vendor selects each subspecialty they offer, such as "Community Living Supports" and/or "Respite"
6. All EVV providers are to complete the [Provider Onboarding Form](#) on hhaexchange.com to receive access to an HHAeXchange Portal.
7. For purposes of MI Choice Provider contracting, all EVV systems must collect the following six data elements:
 - a. Type of service performed
 - b. Person receiving the service
 - c. Date of the service
 - d. Location of the service
 - e. Person providing the service
 - f. Time the service begins and ends

Using the State EVV System:

1. EVV Data Collection Methods: Information can be collected through a variety of methods. The state-offered EVV solution uses the following methods to collect and report information:

- a. Mobile Applications - The mobile application can be downloaded to a participant-owned, caregiver-owned or employer-issued smart phone or GPS-enabled tablet.
 - i. This is the preferred method for reporting EVV information.
 - ii. The caregiver will use the device to clock-in at the start of the service and clock-out at the end of the service.
 - iii. The mobile device also has an offline EVV feature that allows the caregiver to clock-in and clock-out while offline, as in the absence or loss of an internet connection. The information will transmit the stored data once internet connection returns. The data is time-sensitive, requiring the caregiver to ensure access to an internet connection within seven calendar days of service delivery.
- b. Interactive Voice Response (IVR)/Telephony – This option requires the use of the participant’s landline.
 - i. This is an approved method of reporting EVV, but only expected to be used if the mobile application is not an option.
 - ii. Using the participant’s landline, the caregiver will call into a designated toll-free EVV telephone line to clock-in at the start of the service and place a second call to clock-out at the end of the service.
 - iii. A caregiver may use IVR when 1. The participant authorizes the use of their landline for EVV and 2. The participant’s services start and end in their home.
 - iv. If the participant does not have a landline that can be used for EVV, the caregiver must use the mobile application.

Using an Alternative EVV Solution:

1. Agency providers with their own EVV system, are referred to as an Electronic Data Interchange or EDI vendor in HHAeXchange’s system.
2. Alternate EVV solutions must be able to integrate with the state EVV system. Information on general requirements and steps to successfully integrate a 3rd Party Agency Management System with HHAeXchange are linked here and can be found on [HHAeXchange’s website](#):
 - a. Technical Specification document: [EDI Technical Specifications](#)
 - b. Business Requirements document: [Business Requirements](#)
3. For additional support and guidance, providers may submit a ticket to HHAX EDI via the Client Support Portal: <https://www.hhaexchange.com/supportrequest>
4. Providers must submit information about their EVV solution to the state’s aggregator (HHAeXchange) for approval prior to use. Completing the [Third Party EVV Attestation Form](#) is the first step to initiating contact with HHAeXchange and beginning the integration process.
5. If agency providers are using an alternative EVV vendor system, caregivers will continue to use the vendor’s existing data collection methods, as long as the system has been validated as meeting federal and state EVV requirements. Refer to the HHAeXchange website for additional information about validation of an alternative EVV system.

Live-In Caregiver Exemption Process

1. Live-in caregiver exemptions are submitted to and approved by Northeast Michigan Community Service Agency (NEMCSA).
2. When the provider agency (employer) or fiscal intermediary requires the use of EVV for payroll, service verification or other business purposes, live-in caregivers will not be eligible for a live-in caregiver exemption from NEMCSA.
3. NEMCSA is responsible for:
 - a. Approval or denial of the individual as a live-in caregiver;
 - b. Providing to the caregiver a reason for denial, if applicable;
 - c. Signing the Live-In Caregiver Attestation Form;
 - d. Retaining the signed Attestation Form in the participant's case record;
 - e. Sending a copy of the approved Attestation Form to the participant, the live-in caregiver, and the fiscal intermediary or home care agency;
 - f. Updating live-in caregiver information in the EVV system; and
 - g. Monitoring live-in caregiver compliance to live-in caregiver policy.
4. The live-in caregiver must complete the Live-In Caregiver Attestation Form and provide two of the following as proof of residency. Documents must include the live-in caregiver's name and current home address. Electronic copies are accepted.
 - a. Valid Michigan driver's license
 - b. Valid Michigan state identification
 - c. Utility bill or credit card bill issued within the last 90 days
 - d. Account statement from a bank or other financial institution issued within the last 90 days
 - e. Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord's telephone number)
 - f. Pay stub or earnings statement issued within the last 90 days
 - g. Life, health, auto or home insurance policy
 - h. Michigan title and registration
 - i. Federal, state or local government documents, such as receipts, licenses or assessments
5. Caregivers submit the completed attestation form and two proofs of residency to the provider agency (employer) or fiscal intermediary (FI).
6. The provider agency (employer) or FI submits the completed attestation and forms securely to NEMCSA for approval within two (2) calendar days of receipt of completed documentation. Submission must be secure so that personal identifying/health information is not shared publicly.
7. NEMCSA will review the attestation form and documents then provide the caregiver with a reviewed, signed form within ten (10) calendar days of the approver's receipt of the documentation. The Director of Business/Financial Resources and Associate AAA Director are the designated approvers for NEMCSA.

8. If the request is denied, NEMCSA will indicate a Reason for Denial on the attestation form. The reason for denial must be detailed so the caregiver understands why it is denied.
9. Caregivers with a denied request may resubmit a corrected form, as applicable.
10. NEMCSA will share the approved or denied live-in caregiver attestation with the provider agency or FI, live-in caregiver, and the participant. Permitted denials include:
 - a. Insufficient documentation was provided as indicated in MMP 24-21
 - b. The home care agency or fiscal intermediary provider requires EVV for payroll purposes
11. The provider agency or FI enters the approved information for the live-in caregiver into the participant's EVV record in the EVV system as "Residing Caregiver." This serves as a flag that the caregiver has been approved as a live-in caregiver and is exempt from EVV.
12. Live-in caregivers who do not complete all requirements for the exemption process must use EVV. Those caregivers with a pending exemption request must use EVV until their exemption request has been approved.
13. Renewals: The live-in status must be renewed at least annually and at any time the participant's or caregiver's address changes.
 - a. Annual Renewals: If the participant and caregiver address remain the same, the caregiver signs a new Live-in Caregiver Attestation Form. No additional documentation is required.
 - b. Address Changes: A new Live-In Caregiver Attestation Form must be obtained if the participant and live-in caregiver move to a new address.
 - i. When the caregiver no longer lives with the participant, the caregiver must report this to NEMCSA, the fiscal intermediary, or provider agency within 10 calendar days.
 - ii. If the caregiver is still providing services that require EVV, the EVV system must be used immediately upon moving out of the shared residence.
 - iii. When the provider agency or fiscal intermediary finds that the caregiver no longer lives with the participant, they must notify NEMCSA within three business days.
14. NEMCSA will send a 30-day notification to the caregiver of the upcoming end date of their approved live-in caregiver attestation so that the caregiver can timely submit the annual renewal documentation. The notifying letter should be sent to the caregiver, provider agency or FI, and participant. Notification is sent at least thirty calendar days before the end date of the existing attestation.
15. If the caregiver fails to submit renewal documentation, the caregiver is no longer exempt from using EVV and has thirty (30) days from the date of notice to submit a new live-in caregiver attestation form and documentation. If documentation is not being provided and EVV is not being used after the 30-day grace period, payment for services will not be made.
16. If a participant moves with a caregiver and the caregiver, provider agency, or FI does not notify NEMCSA, the caregiver is no longer exempt from using EVV and has thirty (30) days to set-up EVV. If documentation is not being provided and EVV is not being used after the 30-day grace period, payment

for services will not be made. During the transition/move, a United States Postal Service (USPS)-issued Change of Address form or Michigan Secretary of State issued temporary State ID are acceptable forms of documentation.

17. If the participant transfers to a different agency or provider, the receiving agency or provider must maintain the Live-in Caregiver Attestation Form and documentation and may choose to adopt the current Live-In Caregiver Attestation Form or obtain a new one.
18. NEMCSA will allow providers ample time to correct issues. Recurring issues of non-compliance will be addressed.
19. Live-in caregiver documentation will be maintained and shared upon request for auditing or monitoring purposes.

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