

ELECTRONIC VISIT VERIFICATION PROJECT

FREQUENTLY ASKED QUESTIONS

SECTION 1: GENERAL QUESTIONS

This section contains questions that address general information about Electronic Visit Verification (EVV), impacted services, scope of the project, and Idaho's implementation. This section may be helpful to all individuals interested in learning more about EVV.

Question	Answer
What is Electronic Visit Verification (EVV)?	Electronic Visit Verification (EVV) is a system that captures information about a service visit to a participant's home. At minimum, the EVV system must capture the following six (6) data elements for each visit: type of service performed, individual receiving the service, date of service, location of service delivery, individual providing the service, and time the service begins and ends.
Why is EVV required?	Congress signed the 21 st Century Cures Act into law on December 13, 2016. Section 12006 requires state Medicaid programs to implement EVV for home health services and specific home and community-based services that require in-home visits.
Is EVV mandatory?	Yes. State Medicaid agencies are required to implement EVV to avoid incurring penalties from our federal partner.
What if a participant does not consent to using EVV for their services?	Because EVV is federally mandated, participants are unable to "opt out" of using EVV to verify the services provided to them. To support informed decision-making, provider agencies will inform participants of the type of EVV technology they use.
Which EVV model is being used?	Idaho selected the provider choice model, meaning a provider may use their EVV system of choice so long as it meets the minimum requirements identified by Idaho Medicaid and is compatible with the state's EVV aggregator.
What is an aggregator?	An aggregator is a system that collects, validates, and stores EVV visit data collected by providers. It allows the state to receive EVV data from different vendors statewide. The aggregator transmits the provider's EVV data to the Medicaid Management Information System (MMIS), the state's claims processing system.
What services are impacted by EVV?	States are required to implement EVV for personal care services (PCS) under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115 of the Social Security Act, and

Question	Answer
	home health services (HHS) provided under 1905(a)(7) of the Social Security Act, or those offered under a waiver or demonstration project. The following services offered through Idaho Medicaid have been identified “in-scope” by the Idaho EVV Project Team: • State Plan PCS (T1019) • Aged and Disabled (A&D) Waiver Services ○ Attendant Care (S5125) ○ Homemaker Services (S5130) ○ Respite (T1005) when rendered by a Personal Assistance Agency (PAA) • Home Health Services ○ Nursing Services (0551) ○ Physical Therapy (0421) ○ Occupational Therapy (0431) ○ Speech-Language Pathology (0441) ○ Aide Services (0571) ○ Audiology Services (0470, 0471, 0472)
Why aren’t other home and community-based services included?	The 21st Century Cures Act identifies specific authorities in which EVV applies. The Idaho EVV Project Team evaluated all services offered in the state under those authorities to determine if EVV was required by the mandate and with stakeholder input, the project team has recommended implementing EVV with the minimum requirements defined in section 12006 of the 21st Century Cures Act. Providers may opt to utilize EVV for other services. We encourage you to review the documentation requirements currently in place before implementing EVV.
Are Developmental Disability (DD) services excluded from EVV?	Adult and children’s development disability services were determined to be out of scope by the Idaho EVV Project Team. This determination was reached after reviewing service definitions and identifying that while some of the services provide assistance with Activities of Daily Living (ADLs), that assistance is ancillary to the service itself; the service definition does not specify the service is to primarily provide support with ADLs.
Is Residential Habilitation in scope of EVV?	No, Residential Habilitation is not subject to EVV in Idaho. A copy of the EVV Residential Habilitation Service Analysis can be found on our project webpage.

Question	Answer
How will EVV be implemented in rural areas of Idaho?	Many EVV vendors offer solutions that capture data offline, accommodating the areas with limited connectivity. The Idaho EVV Project Team is working with stakeholders statewide to identify strategies to ensure EVV may be implemented for all impacted providers and participants, regardless of their business location and residence.
Is implementing EVV creating barriers to care?	EVV is intended to benefit both providers and participants as it provides real-time service delivery data. The Idaho EVV Project Team and stakeholders are currently working to identify implementation standards that are reasonable and attainable. Over time, EVV should simplify service delivery documentation for providers and offer opportunities to streamline billing procedures as well as analyze EVV data and trends to implement quality improvement strategies. For participants, EVV may simplify their records, allowing comprehensive views of their visit information, and may provide more timely support should their service provider miss a scheduled visit.
Is EVV implementation delayed due to COVID-19?	No. Section 12006 of the 21 st Century Cures Act defines implementation requirements, including deadlines, for EVV. The Act allows for a single extension to the implementation deadline should the state encounter unavoidable delays. Idaho was granted this extension and our waiver expired December 31, 2020. The Act is federal statute, meaning we cannot change the implementation date unless Congress modifies the Act.
Why is GPS utilized for EVV?	EVV vendors may opt to utilize GPS as a method of capturing the location of service delivery as required by the Cures Act. As Idaho has selected a provider choice model, providers may choose to use an application-based system, and those systems most commonly use GPS to verify location. Proposed Idaho Administrative Code (IDAPA) rules require providers obtain informed consent, in part to ensure participants are made aware of the purpose for collecting location data. The EVV Project Team expects the informed consent also provides an assurance to participants that use of GPS data is solely to capture location of service delivery; it is not a mechanism for limiting community integration or “tracking”.

SECTION 2: PROVIDER QUESTIONS

This section contains questions that address provider perspective and experience. Topics include billing, operations, and training. This section may be helpful for providers. Participants and advocates may also find this information useful.

Question	Answer
Can agencies “opt-out” of EVV?	No. EVV is required to receive Medicaid payment for personal care services (and like services) as well as some home health services. EVV is a federal requirement and it cannot be waived.
Will there be a rate increase for providers impacted by EVV?	Idaho Medicaid submitted a budget request to the Idaho Legislature requesting a rate increase for Personal Assistance Agencies (PAAs) for Personal Care Services, Attendant Care, Homemaker, and Respite to help with the costs associated with implementing EVV. The request was approved, and a rate increase was implemented effective July 1, 2020.
Will providers be required to retain paper records?	Currently, Idaho Administrative Code (IDAPA) requires PAAs to retain copies of service delivery records in a participant’s home. The proposed IDAPA rules going to the 2021 legislature for review include some language changes to allow flexibility for the format in which records are maintained and available to the participant. The Bureau of Long Term Care will update existing guidance documents to reflect these changes, which will be effective July 1, 2021.
Will Idaho offer a blended rate for Personal Care Services (PCS)? There are no systems that capture service code splits without clocking in and out each time.	The Idaho EVV Project Team and Medicaid Administration have determined that pursuing a “blended rate” for personal care and A&D waiver services is out of scope of the EVV project. We encourage impacted providers to discuss system capabilities with their EVV vendor of choice.
How does EVV document multiple services provided during a single visit?	It depends on the EVV system. Providers are encouraged to have discussions with their chosen EVV vendor to identify how their system records multiple service codes during a single visit.
Can a visit start in the community? Or is it required to start in the home?	Services are not required to begin or end in the participant’s home if the participant’s service plan identifies that services are sometimes provided outside of the home. Providers are encouraged to have discussions with their chosen EVV vendor to identify how their system handles these types of scenarios.
How are “Night Needs” captured in an EVV system?	Services provided during the night are not captured any differently than those provided during the day. Providers should be capturing EVV data for all impacted services (in this example, Attendant Care) and billing the corresponding number of units for the time spent providing services.
When will providers be expected to begin complying with these new regulations?	EVV compliance and enforcement activities begin on July 1, 2021. We expect providers to implement and test their systems with the state’s aggregator, offered through Sandata, as soon as

Question	Answer
	testing is available (tentatively mid-February 2021). We encourage providers to do this early as they'll have more time to adjust to transmitting EVV data and ensuring it matches appropriately to billed claims.
Will EVV impact timeliness of provider payments?	In cases where the EVV data and fee-for-service claims data does not match, it will impact timeliness of provider payments. We encourage providers to implement EVV prior to the July 1, 2021 enforcement deadline as the state's MMIS will issue a WARN payment status for claims that have missing or mismatched EVV data; claims will pay through the WARN status period. Effective July 1, claims with missing or mismatched EVV data will move to a DENY status.
How will providers and direct care staff be trained on using EVV?	Providers will be responsible to work with their chosen EVV vendor to establish training on their system, including training their direct care staff. Training for the state's aggregator solution will be provided by Sandata and/or Gainwell Technologies.
When will technical specifications be available for the Sandata aggregator?	The technical specifications were made available on January 11, 2021. They are posted on the Gainwell Technologies website (www.idmedicaid.com) under the Reference Material – Companion Guides section. A link to the AltEVV Vendor Technical Specifications has been included here .
When will Alternate EVV Vendor testing be completed?	Compatibility testing information will be posted to the Gainwell Technologies website as soon as it's available. We anticipate testing will begin no earlier than mid-February. The Idaho Medicaid EVV Project Team will also be sending an email blast to our distribution list notifying them when the information is posted. Join the distribution list by emailing EVV@dhw.idaho.gov .

SECTION 3: PARTICIPANT QUESTIONS

This section contains questions that address participant perspective and experience, including topics like privacy, training, and expectations. This section may be helpful for participants, families and friends of participants, and advocates. Providers may also find this information useful.

Question	Answer
Am I required to use EVV?	Yes. EVV is a new mechanism for documenting your services with an intent to ensure your direct care staff are in your home and providing the services you are authorized to receive.
How will EVV impact my services?	EVV will impact how services are documented. From a user perspective, you can expect that you (or your guardian) may be asked to verify the services you received on the telephone or via a cell phone or tablet application every day. If you receive multiple types of services, you may be asked to do this verification multiple times during a single visit to your home. EVV should not take away from the time you're scheduled to receive services and supports.
How will participant privacy rights be protected?	Medicaid has existing safeguards in place to maximize participant privacy. Additionally, EVV systems are required to comply with HIPAA privacy, security, and breach notification regulations, as well as applicable state and federal laws and regulations.
Does EVV track participants while they receive their services? What about service providers using EVV?	EVV is not a tracking device and does not track a participant or service provider's movements. EVV is solely utilized to capture specific elements as required by federal statute, including the location of service delivery. The project team met with multiple EVV vendors, and our understanding of the technology is that it records location of service delivery at clock-in and clock-out; location is not collected for the duration of a service visit or "running in the background" on devices when the application is not in use.
I'm not comfortable with my agency collecting GPS information. Do I have other options?	Providers may utilize different forms of EVV, such as telephony or a fixed object device. These methods do not require GPS. We encourage participants to discuss the types of EVV technology available with their chosen provider. If the current provider is utilizing a method of EVV that a participant is not comfortable with, we encourage the participant to explore other providers that may utilize a different method for capturing EVV data.
Am I required to let my service provider use my phone for EVV?	No. Participants have the choice to let a provider or direct care staff use their telephone, tablet, or other personal equipment; however, it is not a requirement and ultimately the provider's responsibility to ensure they have the appropriate equipment in place to collect necessary EVV data.

Question	Answer
How will participants be trained on using EVV?	Providers will train participants on how to use their EVV system. As providers may use a variety of different platforms, the training may vary. We encourage participants to discuss training options with their provider.