



Electronic Visit Verification Guidance

This guidance document was created to provide general information for any entity impacted by Electronic Visit Verification (EVV). This document is part of a training series that can be found on the Division of Developmental Disabilities website:

<https://www.nj.gov/humanservices/ddd/providers/federalrequirements/verification/>

What is the purpose of the Cures Act?

Section 12006 of the Cures Act and The Centers for Medicare & Medicaid Services (CMS) has mandated that EVV will be required for all Personal Care Services as of January 1, 2021. EVV was created to reduce fraud and ensure individuals receive the documented care and services they need.

What data does EVV collect?

Each state is required to capture and verify six data elements to remain in compliance with the Cures Act. The six data elements include the type of service performed, the name of the individual receiving the service, the date of the service, the location of service deliver, the individual providing the service and the time the service begins and ends.

What service codes does EVV apply to?

CMS allowed states the flexibility to implement a phased approach to EVV compliance. Phase One compliance was mandated for January 2021 with Phase Two compliance mandated for January 2023. The two charts below reflect the 16 Division procedure codes that require EVV.

Phase One:	
Service	Procedure Code
Individual Supports	H2016HI
	H2016HI22
	H2016HIU88
In-Home Respite	T1005HI
	T1005HIU8
Community Based Supports	H2021HI
	H2021HI22
	H2021HI52
Phase Two:	
Service	Procedure Code
Behavioral Supports	H0004HI22
	H0004HI
Physical Therapy	S8990HI
	S8990HIUN
Occupational Therapy	97535HI
	97535HIUN
Speech, Language and Hearing Therapy	92507HI
	92507HIUN

Are there any exemptions within the applicable procedure codes?

In certain cases, a service falling under one of the aforementioned procedure codes may be exempt from EVV. Exemptions include:

- CMS allows the exclusion of EVV when the person providing care is living (Live-In Caregiver) with the person receiving care. In this case, there is no “in-home visit” to record as required by the Cures Act because the provider is living in the home. This exemption applies to both family members and non-family members living with the person receiving care. An EVV Live-In Worker Attestation is required to be completed. The link to the form can be found here: [Division of Developmental Disabilities Electronic Visit Verification \(nj.gov\)](#).
- CMS interprets the reference in the statute to an “in-home visit” to exclude personal care attendant (PCA) services provided in congregate residential settings where 24-hour service is available. This includes settings such as group homes, supervised apartments, and supported living settings.
- CMS allows for the exclusion of services currently being provided virtually due to the public health emergency. Please Note: Once the service returns to in-person service delivery it will no longer fall in the “exempt” category.
- CMS allows for the exclusion of EVV when no “in-home visit” takes place. Services provided strictly in the community are considered exempt. Please Note: This includes if a worker arrives at a member’s home to provide transportation to/from the community location. However, if any part of the EVV service is performed in the home EVV is applicable.

Is documentation for tracking Live-In Caregivers required?

In relation to Electronic Visit Verification (EVV), the Support Coordinator shall be responsible for confirming with the individual/family which staff, if any, are live-in caregivers paid by DDD through the participant’s individual budget. Should a live-in caregiver exist, the Support Coordinator shall complete the Live-In Caregiver Attestation form at the time of service plan development, whenever there is a change in live-in caregiver status and annually thereafter. Once complete, the form shall be uploaded to iRecord. Please find this notated in manual section 17.18.5.4.

Who is HHAeXchange?

HHAeXchange is the State of New Jersey’s EVV vendor. This means that they will aggregate incoming EVV data from our DDD providers as well as Managed Care Organizations. This will be completed through a “No Wrong Door” approach; meaning HHAeXchange will be consolidating all visit data regardless of the EVV system being used.

How do caregivers check in/out?

Caregivers have three options to check in/out to be in compliance. The first, and preferred method, is to utilize the free app provided through HHAeXchange. The second option, telephony, utilizes a member’s (service recipients) landline. The third option, which is an option of last resort and requires Division approval, would be to use a FOB device.

How does a FOB device work?

If a caregiver is unable to utilize the free app, or a landline, a FOB may be requested. All FOB requests must be made through the DDDEVV@DHS.NJ.GOV helpdesk. If approved, the device will be mailed to the “installer” directly from HHAeXchange. Once received, the device will need to be fixed to a permanent structure within the individual’s residence.

What is required of our Support Coordinators (SC)?

SCs are often the most familiar with the service recipient and their family. As a result, it is important for SCs to be able to answer general questions regarding the federal mandate, inform families of changes, communicate challenges and assist with documenting services requiring EVV.

What should Support Coordinators EVV documentation look like?

In order to remain in compliance with the federal mandate, the Division needs to be able to track and verify those individuals with services requiring EVV. In order to complete this, the Division is asking that a notation be made in the service description box on each individual's ISP when there are EVV service(s) included in the service plan. Below are some examples:

➤ The Service Provided Is Always Exempt

- If the service provided is always exempt, a notation should be made in the service description box stating, "This service is exempt due to X exemption." Examples include, but are not limited to:
 - If a service is always in the community the notation would state, "This service is exempt as it is provided only in the community."
 - If a service is virtual the notation would state, "This service is exempt as it is currently provided virtually, however when it returns to in-person service delivery it will no longer be exempt."
 - With virtual services it is important to remember that when they return to in-person EVV will be required. If the date virtual services will end is available, it should be included in the service note.
 - If a service is provided in a congregate setting the notation would state, "This service is exempt as it is provided in a congregate setting."
 - If a service is provided by a "live-in caregiver" the notation would state, "This service is exempt as it is currently being provided by X who is/are live-in caregiver(s)."
 - Please Note: A Live-In Worker Attestation form needs to be completed for each Live-In caregiver.

➤ If The Service Provided Always Requires EVV (Also Review FOB Guidance)

- If the service provided always requires EVV, a notation shall be made in the service description box stating, "This service requires EVV". For example:
 - If a service is always provided at the individual's residence, a notation would state, "This service requires EVV."

➤ If A Service Has Both EVV Visits and EVV Exempt Visits (Also Review FOB Guidance)

- In some cases, a service may require EVV on certain dates and will not require EVV on other dates because some days will include in-home (EVV applicable) service delivery and some days will not include in-home (EVV exempt) service delivery. For this scenario, a notation should be made in the service description box stating, "This service has both exempt and non-exempt EVV visits. Exempt visits are due to X exemption." For example:
 - If a service is sometimes provided within the individual's residence, and other times provided in the community, the notation would state, "This service has both exempt visits and EVV required visits. Exempt visits are due to services being provided in the community."

- If a service is sometimes provided within the individual’s residence, and other times provided virtually, the notation would state, “This service has both exempt visits and EVV required visits. Exempt visits are due to the virtual exemption.”

➤ **If Part of a Service Visit Takes Place Within the Residence and Part of the Visit Takes Place in the Community (Also Review FOB Guidance)**

- If part of a visit takes place within the residence, and part of the visit takes place in the community, the entire visit requires EVV. In this scenario, a notation should be made in the service description box stating, “This service requires EVV because part of the visit takes place in the home.”

➤ **If a service line has multiple Self Directed Employees (SDE) (Also Review FOB Guidance)**

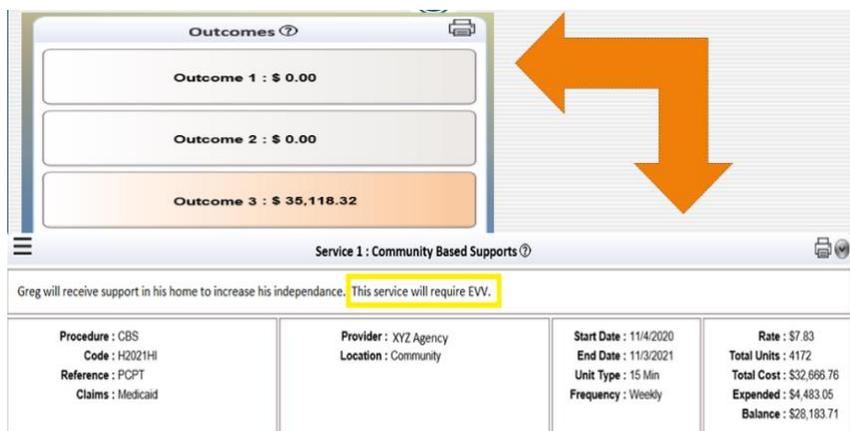
- Occasionally, a service request may have multiple SDEs noted due to the need for the SDEs to have the same Prior Authorization (PA) number. In these instances, a notation for each SDE will need to be made. For example:
 - For SDEs that are providing exempt EVV services due to the community exemptions, the notation should state, “SDE First/Last Name(s) is exempt from EVV because services are not delivered in the home”.
 - For SDEs that are providing EVV services due to the entire service being delivered in the home, the notation should state, “SDE First/Last Name services are EVV applicable because they are delivered in the home.”
 - For SDEs that are live-in caregivers, the notation should state, “SDE(s) First/Last Name are exempt from EVV because they are Live-In Workers.”

➤ **FOB Devices**

- A brief notation will need to be made in the service description box if a FOB device is being used. The notation can state, “Caregiver First/Last Name(s) is/are utilizing a FOB”. This can be placed after the notation regarding the service requiring EVV.
 - For example, if a caregiver is utilizing a FOB the entire notation would state, “Service requires EVV. Caregiver First/Last name(s) utilizing a FOB”.

Where does this notation go?

The notation should be made in the service description box as seen in the picture below.



How will EVV impact families?

EVV should have no impact on the service recipients/families we serve who utilize provider agencies. In these cases, the responsibility falls on the provider agency to ensure the federal mandate is followed.

For those service recipients/families who use SDEs, the designated caregiver will need to ensure the federal mandate is followed. It is the responsibility of the provider agency, and the designated caregiver, to ensure the federal mandate is followed.

Will SCAs need to transfer individuals from providers who are non-compliant with EVV?

Yes, all providers will need to become EVV operational providers. Operational providers are fully compliant with the requirements of the Cures Act. These providers are confirming all EVV visits using [HHAeXchange](#) or an integrated third party Electronic Data Interchange (EDI) solution. In addition, these providers are able to bill using the [HHAeXchange](#) billing process as outlined. Providers who are not operational will fall under one of the following two categories:

- **Provisional - Engaged:** These are providers who have completed the [HHAeXchange](#) on-boarding process but have not yet started to bill through the [HHAeXchange](#) platform. These providers will need to move into Operational status during their next billing cycle.
- **Provisional – Disengaged:** These are providers that have not identified an EVV solution and have not started the [HHAeXchange](#) on-boarding process. These providers are not eligible to receive new EVV referrals.

How do I find technical assistance?

Please direct any questions or concerns to the Division's helpdesk at, DDDEVV@DHS.NJ.GOV. You can also review webinars and other communications through the Division's website (Providers – Federal Mandate – EVV).