

# Electronic Visit Verification FAQs

## What is EVV?

EVV, or Electronic Visit Verification, is a web-based system that verifies when provider visits occur and documents the precise time services begin and end. It ensures that people receive their authorized services.

EVV allows providers to confirm that services were actually delivered using a variety of electronic methods like a phone call, a smart phone application, or a free EVV device in the home.

## Why do we need to use EVV?

In 2016, Congress passed the 21<sup>st</sup> Century Cures Act, which required the use of EVV for all Medicaid-funded personal care services by January 1, 2020, and home health services by January 1, 2023.

DMAHS received approval from the Centers for Medicaid and Medicare Services (CMS) for a good faith effort exemption to the January 1, 2020, implementation mandate. The extension provided by CMS allows for implementation to be effective on January 1, 2021.

NJ Medicaid services, including some provided through the Division of Developmental Disabilities, are both State and federally funded. If the state does not comply with the 21<sup>st</sup> Century Cures Act, the federal government will reduce that funding.

## When is EVV required?

EVV is required beginning January 1, 2021.

## What services are required to use EVV?

The 21<sup>st</sup> Century Cures Act mandate requires EVV for all personal care services with an “in-home” visit. In New Jersey, this includes:

- Personal Care Assistance services delivered by an agency;
- Individual Supports, Community Based Supports, and In-home Respite delivered through DDD programs; and
- Respite and Home-Based Supportive Care delivered through MLTSS.

Self-Directed personal care services (the Personal Preference Program and self-directed services coordinated through the NJ Division of Developmental Disabilities) will also require EVV.

## **Will EVV be required for congregate residential services such as group homes or DDD Supported Living Services where PCA is provided as a 24-hour service?**

CMS interprets the reference in the statute to an “in-home visit” to exclude PCA provided in congregate residential settings where 24-hour service is available. CMS finds that services provided in a congregate residential setting are distinct from an “in-home visit” subject to EVV requirements under the statute.

## **What if my caregiver lives with me?**

New Jersey is not requiring EVV where the person providing care is living with the person receiving care. In this case, there is no “visit” to record as is required by the 21<sup>st</sup> Century Cures Act because the provider is living in the home. CMS allowed states this flexibility for live-in, self-directed caregivers in their June 2019 Frequently Asked Questions document where they state:

*EVV requirements do not apply when the caregiver providing the service and the beneficiary live together. PCS or HHCS rendered by an individual living in the residence does not constitute an “in-home visit”.*

## **Which providers will this impact?**

The EVV Mandate applies to all providers of Personal Care Assistance services, Individual Supports (DDD), Community Based Supports (DDD), In-Home Respite (DDD and MLTSS) and Home Based Supportive Care (MLTSS). All services requiring an in-home visit are subject to the EVV mandate, including self-directed services (except for live-in caregivers).

## **What type of information will be collected through EVV?**

The 21<sup>st</sup> Century Cures Act requires that states use EVV to collect six data points:

- Type of Service
- Person Served
- Dates of Service
- Location of Service
- Name of Caregiver
- Times of Service

## **What vendor will New Jersey be working with to implement EVV?**

HHAeXchange is the State of New Jersey's EVV vendor. HHAeXchange will aggregate incoming EVV data from providers and Managed Care Organizations.

### **How will EVV work for provider agencies?**

The options described below are available for PCA agencies to ensure EVV compliance.

- **Option 1:** Use an existing EVV system or a system you intend to implement by January 1, 2021, to collect and report EVV data.
- **Option 2:** Use Free EVV tools provided by each Health Plan (HHAeXchange for WellCare, Aetna, United Health Care Community Plan and Fee-for-Service members; CareBridge for Horizon and Amerigroup members)
- **Option 3:** Use the Free EVV tools provided by DMAHS (HHAeXchange) to collect and report visit data for all members enrolled in managed care or for all beneficiaries eligible to receive services under the NJFC Medicaid FFS program.

### **How will I manage EVV for my agency staff?**

HHAeXchange will provide training to ensure providers and their staff are able to successfully operate and provide services in the new EVV environment. You will want to designate EVV implementation leaders to ensure effective implementation within your agency.

### **What kind of technology do I need to manage EVV?**

Technology needs can be met through the use of a landline telephone of the member, free smart phone application on the provider's cell phone, or a free fixed device installed at the home of the member.

### **What happens if a worker forgets to clock in or their phone dies?**

The worker will need to coordinate with their employer to resolve clock-in and clock-out issues. The EVV system will allow for manual entry of clock in and/or clock out.

### **Will employers still be responsible for approving an employee's time?**

It remains the responsibility of the employer to ensure accuracy and approval of employee timesheets.

### **How will I be trained on EVV?**

The MCO and HHAeXchange will conduct a series of trainings tailored to provider agencies.

### **My agency's electronic management system has an EVV component, can I use that instead of the vendor?**

Yes. The existing system must meet the requirements of the 21<sup>st</sup> Century Cures Act and be able to securely transmit data to HHAeXchange.

NJ requires HHAeXchange be able to interface with all existing EVV systems which meet the requirements of the 21<sup>st</sup> Century Cures Act. This will be coordinated through HHAeXchange and/or the MCO.