

A large, dark red circle containing the text "DIVISION OF MEDICAID & HEALTH FINANCING" in white, bold, sans-serif capital letters. The circle is positioned on the right side of the slide, overlapping a horizontal band of red and white stripes that spans the width of the slide.

**DIVISION OF  
MEDICAID  
& HEALTH  
FINANCING**

**Section 12006 of the 21<sup>st</sup> Century Cures Act Electronic Visit Verification Systems  
Requirements, Potential Benefits, and Utah's Proposed Approach  
June 14, 2018**

# Overview of the 21st Century CURES Act



## **What is it?**

- Section 12006 of the Act requires states to implement an EVV system for Personal Care services (including HCBS services) and Home Health services

## **How does the Act apply to HCBS programs?**

- HCBS Services that provide ADL assistance in a similar way to personal care services must also implement EVV

## **How does this Impact States?**

- All state Medicaid programs must be compliant for Personal Care and applicable HCBS services (PCS) by January 1, 2019 and Home Health services (HHS) by January 1, 2023
- States who are not compliant by those dates are subject to reductions in Federal funds

# EVV Requirements per Section 12006 of the Act



## **EVV Systems Must Verify:**

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

## **Department of Health Role:**

- Facilitate implementation of EVV systems and monitor initial and ongoing compliance.

# EVV Requirements per section 12006 of the Act



## **Flexibility for States**

- Allows states to select their EVV design and implement quality control measures of their choosing.

## **Stakeholder Input Required**

- Requires states consult other state agencies that provide PCS or HHS
- Requires states seek stakeholder input from:
  - Family caregivers
  - Individuals receiving and furnishing PCS/HHS; and
  - Other stakeholders

# EVV Requirements per section 12006 of the Act



## **Other Requirements for EVV systems:**

- “Minimally burdensome”
- HIPAA-compliant

## **In Addition:**

- States must consider best practices.

## **Implementing an EVV system does not:**

- Limit “the services provided or provider selection” or “constrain individuals’ choice of caregiver, or impede the way care is delivered.”
- Establish employer-employee contracts with the entity that provides PCS or HHS.

# What DSPD services are included?



## **These services appear to require EVV:**

- Chore (CH1, CHA)
- Companion (COM, CO1)
- Consumer Preparation (CPS)
- Extended Living Supports (ELS)
- Homemaker (HS1, HSQ)
- Personal Assistance (PAC, PA1)
- Respite (Excludes RP4, RP5, RPS)
- Supported Living (SLN, SLH, SL1)
- Family Training and Preparation (TFA, TFB, TF1)

## **Some services are being reviewed and may require EVV:**

- Personal Budget Assistance (PBA)
- Professional Medication Monitoring (PM1, PM2)
- Supported Employment (SEE, SEC)
- Massage Therapy (SSM)
- Day Supports (DSI Only)
- Behavioral Consultation (BC1, BC2, BC3)

## **Services paid on a daily rate will not be subject to EVV:**

- Residential Supports (RHS, PPS, HHS)
- Day Supports (DSG)

# Utah's Proposed Approach: Provider Choice Model



## Overview

- Allow providers to select EVV vendor of their choice.
- Selected EVV system must be compliant with CURES Act requirements.
- State can provide information about potential vendors that meet the requirements and standards set by the State Medicaid Agency (SMA) or Managed Care Organizations (MCOs).

## Compliance Monitoring

- Through administrative rule, the state will conduct post-payment reviews of a representative sample of claims that require EVV.
  - Providers will be required to provide evidence of EVV for sample claims.
  - State will initiate recovery of funds for non-compliant claims and will consider using extrapolation as part of the recovery process.

# Provider Choice Model Example



**State allows providers to choose a system that suits them best.**

- The state sets a series of requirements for acceptable EVV systems such as:

Requiring that EVV system billing reports document:

- Types of services provided;
- Date and time services were provided;
- Manual modifications or adjustments, such as modifying the times of the visit.

**EVV systems are required to include the following:**

- Identity of the individual receiving care, caregiver, and type of service;
- Exact date and time services were given;
- Allowance for changes in the care plan approved by the Medicaid Agency;
- Production of reports from data entered; and
- Capability to backup and archive data.

# Discussion and Feedback



**Are there questions, concerns, or suggestions related to EVV implementation in Utah?**

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