

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Emily Frankman, PhD

Phone Number: 517-241-2115

Initial

Public Comment

Final

Brief description of policy:

The purpose of this bulletin is to inform personal care services (PCS) providers and home health care services (HHCS) managed care providers of the Michigan Department of Health and Human Services (MDHHS) requirements for Electronic Visit Verification (EVV).

Reason for policy (problem being addressed):

The policy provides new information for PCS and HHCS managed care providers on when and how to use the EVV system.

Budget implication:

budget neutral

will cost MDHHS \$, and (select one) budgeted in current appropriation

will save MDHHS \$

Is this policy change mandated per federal requirements?

Yes - 21st Century Cures Act.

Does policy have operational implications on other parts of MDHHS?

Provider Enrollment, Community Health Automated Medicaid Processing System (CHAMPS).

Does policy have operational implications on other departments?

No.

Summary of input:

controversial (Explain)

acceptable to most/all groups

limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2414-EVV	Date: April 23, 2024

Comments Due: May 28, 2024
Proposed Effective Date: As Indicated
Direct Comments To: Emily Frankman, PhD
Address:
E-Mail Address: frankmane@michigan.gov
Phone:

Fax:

<p>Policy Subject: Electronic Visit Verification (EVV) Personal Care Services and Medicaid Managed Care Home Health Care Services Implementation</p> <p>Affected Programs: Medicaid, Behavioral Health, Community Transition Services (CTS), Comprehensive Health Care Program (CHCP) – Medicaid Health Plan, Home Help, MI Choice, MI Health Link</p> <p>Distribution: MI Choice Waiver Agencies, Centers for Independent Living, Integrated Care Organizations (ICOs), Home Help Agency Providers and Individual Caregivers, Prepaid Inpatient Health Plans (PIHPs), Home Health Agencies, Medicaid Health Plans</p> <p>Summary: This bulletin serves to inform personal care services (PCS) providers and home health care services (HHCS) managed care providers of the Michigan Department of Health and Human Services (MDHHS) requirements for EVV.</p> <p>Cost Implications: Budget neutral</p> <p>Potential Hearings & Appeal Issues: N/A</p> <p>Legal Authority: 21st Century Cures Act</p>
--

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
---	--

Tribal Notification: Yes No - **Date:**

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration *(please print)*

Date

Comment001

Revised 6/16

Proposed Policy Draft

Michigan Department of Health and Human Services
Behavioral & Physical Health and Aging Services Administration

Distribution: MI Choice Waiver Agencies, Centers for Independent Living, Integrated Care Organizations (ICOs), Home Help Agency Providers and Individual Caregivers, Prepaid Inpatient Health Plans (PIHPs), Home Health Agencies, Medicaid Health Plans, Community Mental Health Services Programs (CMHSPs)

Issued: June 1, 2024 (Proposed)

Subject: Electronic Visit Verification (EVV) Personal Care Services and Medicaid Managed Care Home Health Care Services Implementation

Effective: As Indicated (Proposed)

Programs Affected: Medicaid, Behavioral Health, Community Transition Services (CTS), Comprehensive Health Care Program (CHCP) – Medicaid Health Plan, Home Help, MI Choice, MI Health Link

Purpose

The purpose of this bulletin is to inform personal care services (PCS) providers and home health care services (HHCS) managed care providers of the Michigan Department of Health and Human Services (MDHHS) requirements for Electronic Visit Verification (EVV).

Background

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 EVV for PCS and 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.

MDHHS issued bulletin [MMP 23-76](#) on December 15, 2023, which provides information on provider enrollment for EVV-required PCS providers. Bulletin [MMP 24-08](#), issued February 22, 2024, provides additional information for Home Help providers on changes to Community

Health Automated Medicaid Processing System (CHAMPS) enrollment, including important deadlines. Numbered letter [L 24-14](#) outlines an updated timeline of EVV start dates for all programs and CHAMPS enrollment deadlines for PCS providers.

EVV Open Vendor Model

MDHHS is implementing an open vendor EVV model. This allows providers flexibility to use the state EVV system at no cost or another EVV system of their choosing that meets state requirements. The state selected HHAeXchange as its EVV vendor and aggregator. To use an EVV system other than HHAeXchange, a provider must ensure compatibility with the HHAeXchange Electronic Data Interchange (EDI) process and must submit EVV information to the state's aggregator. A provider's use of an alternative EVV system is at their own cost.

Additional information about use of an alternative EVV system and the EDI process can be found on the [HHAeXchange website](#).

EVV Data Requirements

The Cures Act requires the following six data elements to be collected for EVV:

- Type of service performed
- Person receiving the service
- Date of the service
- Location of the service
- Person providing the service
- Time the service begins and ends

EVV Data Collection Methods

If using the state-offered EVV solution, the methods for reporting information include:

Mobile Application

The mobile application can be downloaded to a beneficiary-owned, caregiver-owned or employer-issued smart phone or GPS-enabled tablet. The caregiver will use the device to clock-in at the start of the service and clock-out at the end of the service. This is the preferred method for reporting EVV information.

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.

Interactive Voice Response (IVR)/Telephony

Using the beneficiary'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. This is an approved method of reporting EVV, but only expected to be used if the mobile application is not an option.

A caregiver may use IVR when:

1. The beneficiary authorizes the use of their landline for EVV.
2. The beneficiary's services start and end in their home.

If the beneficiary does not have a landline that can be used for the purpose of EVV, the caregiver must use the mobile application. Agency providers must ensure caregivers have access to alternate methods to capture EVV data.

If 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.

Implementation Dates By Program

The dates when programs must begin using EVV are as follows:

- **July 1, 2024** – Home Help Agency Providers (Personal Care Services)
- **September 3, 2024** – Behavioral Health, MI Health Link, MI Choice and Community Transition Services (Personal Care Services) and Medicaid Managed Care Home Health Care Services

NOTE: Home Help individual caregivers must begin using EVV no later than September 3, 2024. MDHHS will confirm the start date in a later communication.

At the start of using EVV, Home Help providers must continue to use their current service verification methods (i.e., CHAMPS Electronic Service Verification, Paper Service Verification or the MSA-1904 Home Help Agency Provider Invoice). Payments will continue to be based on the data recorded on the current service verification methods until further notice.

Refer to bulletin [MMP 23-76](#) and Numbered Letter [L 24-14](#) for provider enrollment requirements and deadlines that must be met before EVV implementation.

Medicaid Managed Care (Medicaid Health Plan) Home Health Care Services

HHCS Fee-for-Service (FFS) providers began using EVV on April 1, 2024. Bulletin [MMP 24-11](#) describes EVV requirements specific to HHCS FFS providers. HHCS provided through a Medicaid Health Plan (MHP) are required to begin using EVV on September 3, 2024. Providers of HHCS provided through an MHP are expected to follow the EVV requirements as described in [MMP 24-11](#).

PCS Service Codes

The following procedure codes, listed by program, require the use of EVV. **Any personal care service listed below that starts or ends in the beneficiary’s home requires EVV.**

Program	Procedure Code	Service Description
Behavioral Health	H2015	Community Living Supports (CLS)
	T1005	Respite Care, per 15 minutes
Community Transition Services	T1019	Personal Care Services (PCS), per 15 minutes
Home Help	N/A	Personal Care Services
MI Choice	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
MI Health Link	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
	T1019	Personal Care Services (PCS), per 15 minutes

EVV PCS Exclusions

The following sections contain information on congregate living settings and live-in caregivers who are excluded from requiring EVV. Personal care services provided to beneficiaries who live in these settings or live with their caregiver(s), as described below, are exempt from EVV for their PCS.

Congregate Living

The Centers for Medicare & Medicaid Services (CMS) does not require EVV for PCS provided in settings offering 24-hour service availability or in congregate residential settings where 24-hour service is available.

As detailed in [MMP 23-76](#), congregate residential settings that provide PCS that do not require EVV include:

- Adult Foster Care Homes;

- Child Foster Care Homes;
- Homes for the Aged;
- Licensed Respite; and
- Living Facilities or private homes where PCS are provided 24 hours a day and a caregiver furnishes services to three or more individuals throughout a shift. **NOTE:** Home Help services provided in these settings require EVV.

Live-In Caregivers

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 beneficiary;
- The home is the caregiver’s permanent and primary residence; and
- The caregiver is responsible for providing PCS that require EVV to the beneficiary.

The caregiver could be employed by the beneficiary, through a home care agency, or through an approved self-determination arrangement.

Live-in caregiver exemptions must be approved by MDHHS or an Approving Entity using the process detailed below. An “Approving Entity” is designated by MDHHS but is not an agency provider.

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. Live-in caregivers must adhere to outlined policy to continue to be exempt from reporting EVV.

NOTE: Home Help live-in individual caregivers are exempt from using EVV. Additional guidance for Home Help live-in caregivers will be shared in a future communication.

Exemption Process for Live-In Caregivers

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.

- Valid Michigan driver’s license
- Valid Michigan state identification
- Utility bill or credit card bill issued within the last 90 days
- Account statement from a bank or other financial institution issued within the last 90 days
- Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord’s telephone number)
- Pay stub or earnings statement issued within the last 90 days

- Life, health, auto or home insurance policy
- Michigan title and registration
- Federal, state or local government documents, such as receipts, licenses or assessments

Renewal of live-in status must be done at least annually and any time the beneficiary's or caregiver's address changes. For the annual renewal, if the beneficiary and caregiver address remain the same, the caregiver signs a new Live-in Caregiver Attestation Form for the MDHHS representative or Approving Entity to approve. No additional documentation is required.

A new Live-In Caregiver Attestation Form must be obtained if the beneficiary and live-in caregiver move to a new address. When the caregiver no longer lives with the beneficiary, the caregiver must report this to MDHHS, the fiscal intermediary, home care agency or Approving Entity within 10 calendar days. If this caregiver is still providing services that require EVV, the EVV system must be used immediately upon moving out of the shared residence. When the home care agency or fiscal intermediary finds that the caregiver no longer lives with the beneficiary, they must notify MDHHS or the Approving Entity within three business days.

The MDHHS representative and Approving Entity are responsible for:

- Approval or denial of the individual as a live-in caregiver;
- Signing the Live-In Caregiver Attestation Form;
- Retaining the signed Attestation Form in the beneficiary's case record;
- Sending a copy of the approved Attestation Form to the beneficiary, the live-in caregiver, and the fiscal intermediary or home care agency;
- Updating live-in caregiver information in the EVV system; and
- Monitoring live-in caregiver compliance to live-in caregiver policy.

The fiscal intermediary, home care agency, or Approving Entity must enter the approved information for the live-in caregiver into the beneficiary's EVV record in the EVV system as "Residing Caregiver." This serves as a flag that the caregiver has been approved as live-in and is exempt from EVV.

If the beneficiary transfers to a different Approving Entity, the receiving Approving Entity 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.

EVV COMPLIANCE

MDHHS is developing an EVV compliance and monitoring plan and will share additional information as it becomes available.

LIVE-IN CAREGIVER ATTESTATION
Michigan Department of Health and Human Services

Live-in caregivers employed by beneficiaries or agency providers are exempt from using Electronic Visit Verification (EVV). Exemptions must be approved by MDHHS or an Approving Entity. An “Approving Entity” is designated by MDHHS but is not an agency provider. The following criteria must be met for the caregiver to qualify for the EVV live-in caregiver exemption:

- The caregiver must live in the same home as the beneficiary; and
- The home must be the caregiver’s permanent and primary residence.

Live-in caregivers who do not meet the above criteria must use EVV to document personal care services.

INSTRUCTIONS

1. Use **two** of the following proofs of residency to verify the caregiver and beneficiary live at the same permanent, primary residence. Documents must include the live-in caregiver’s name and current home address. Electronic copies are acceptable.

- Valid Michigan driver’s license
- Valid Michigan state identification
- Utility bill or credit card bill issued within the last 90 days
- Account statement from a bank or other financial institution issued within the last 90 days
- Mortgage, lease or rental agreement (Lease and rental agreements must include the landlord’s telephone number)
- Pay stub or earnings statement issued within the last 90 days
- Life, health, auto or home insurance policy
- Michigan title and registration
- Federal, state or local government documents, such as receipts, licenses or assessments

2. Complete this form using the following instructions.

SECTION 1: Fill in the caregiver’s first and last name, CHAMPS Provider ID Number, and home address. The address must be the caregiver’s current, primary and permanent address.

SECTION 2: Fill in the beneficiary’s first and last name, Medicaid ID number and home address. The address must be the beneficiary’s current, primary and permanent address.

SECTION 3: The caregiver must provide a handwritten signature and the date of signature. The MDHHS or Approving Entity representative must review the form and attached documentation and, if approved, sign and date the attestation form.

HOW TO SUBMIT THIS FORM: Email, mail, or fax the form and documents to the Approving Entity or MDHHS representative at:

<Insert Address>
<Insert Email Address>
<Insert Fax Number>

HOW TO RETAIN THIS FORM: Keep a copy of the completed form in a secure place for seven years after the approved signature date in Section 3 of the form. The MDHHS or Approving Entity representative must comply with the privacy, security, and confidentiality provisions of all applicable laws governing the use and disclosure of protected health information (PHI).

LIVE-IN CAREGIVER ATTESTATION
Michigan Department of Health and Human Services

SECTION 1 – CAREGIVER INFORMATION

First Name	Last Name	CHAMPS Provider ID Number		
Street Address	City	State	Zip Code	

SECTION 2 – BENEFICIARY INFORMATION

First Name	Last Name	Medicaid ID Number		
Street Address	City	State	Zip Code	

SECTION 3 – ATTESTATION

<p>I attest that I live with and provide personal care services to the beneficiary named above. I have provided the required proofs of address and agree to provide updated attestation every year or upon request to maintain live-in caregiver status and be exempt from Electronic Visit Verification (EVV) requirements. I also agree to notify MDHHS, the approving entity, fiscal intermediary or home care agency within 10 calendar days if my living arrangement changes and I no longer live with the beneficiary named above. I understand that failure to provide necessary updated documentation will result in me being required to use EVV.</p>	
Live-In Caregiver Signature	Date Signed

FOR MDHHS OR APPROVING ENTITY USE ONLY

Purpose of Attestation (Check One): Verifying New Address Confirming Address on File

I attest that the caregiver documented above provided at least two proofs of residency listed on the instructions page of this form. Based on my review of the documents provided, the caregiver is eligible for the EVV live-in caregiver exemption.

Name of Organization	
MDHHS or Approving Entity Staff Signature	Date

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

AUTHORITY: Title XIX of the Social Security Act and Administrative Rule 400.1104(a)
COMPLETION: Is voluntary, but is required if Medical Assistance program payment is desired.