

# ELECTRONIC VISIT VERIFICATION

## OVERVIEW

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Electronic Visit Verification, or EVV, is an electronic system that captures, in real time, provider in-home visits. EVV includes the date and time of the service, who received the service, who provided the service, where the service was provided, and what service was provided.

## EVV BACKGROUND

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The 21<sup>st</sup> Century Cures Act, or Cures Act, is a federal law that passed in 2016 requiring states to implement Electronic Visit Verification (EVV) for Medicaid personal care services and home health services that require an in-home visit.

Additional federal guidance can be found on the Centers for Medicare and Medicaid Services [EVV website](#).

## SERVICES SUBJECT TO EVV

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### Home and Community Based Options and Person-Centered Excellence (HOPE) Waiver Services

These services are subject to EVV effective January 1, 2021. The Department of Human Services, Division of Long-Term Services and Supports (LTSS) oversees the [HOPE Waiver](#) services subject to EVV. HOPE Waiver procedure codes subject to EVV are noted below.

T1000 TD	Private Duty Nursing, RN
T1000 TE	Private Duty Nursing, LPN
S5130	Homemaker Service
T1019	Personal Care
S5135	Adult Companion
S5120	Chore Services
T1005	Respite

### State Plan Personal Care

These services are subject to EVV effective January 1, 2021. The Department of Human Services, oversees the State Plan Personal Care services subject to EVV. State Plan procedure codes subject to EVV are noted below.

T1000 TD	Private Duty Nursing, RN
T1000 TE	Private Duty Nursing, LPN
S5130	Homemaker Service
T1019	Personal Care

### **Assistive Daily Living Services (ADLS) Waiver Services**

Personal Care Services-Self Directed (S5125) provided under the ADLS Waiver are subject to EVV effective January 1, 2021. The Department of Human Services, Division of Rehabilitation Services oversees the [ADLS Waiver](#) services subject to EVV.

### **Family Support 360 (FS30) Waiver Services**

Personal Care Services (S5125) are subject to EVV effective January 1, 2021. The Department of Human Services, Division of Developmental Disabilities oversees the [Family Support 360 Waiver](#) services subject to EVV.

### **Home Health and Private Duty Nursing Services**

These services are subject to EVV effective January 1, 2024. The Department of Social Services, Division of Medical Services (South Dakota Medicaid) oversees the [Home Health](#) and [Private Duty Nursing Services](#) subject to EVV. Home Health and Private Duty Nursing procedure codes subject to EVV are noted below.

S9123	Private Duty Nursing, RN, 1 hour
S9124	Private Duty Nursing, LPN, 1 hour
S9122	Extended Home Health Aide, 1 hour
99503	Respiratory Therapy
99506	Intramuscular Injection
G0151	Physical Therapy, 15 min
G0152	Occupational Therapy, 15 min
G0153	Speech & Language Therapy, 15 min
G0155	Services of Clinical Social Worker, 15 min
G0156	Home Health Aide Visit, 15 min
G0299	Home Health RN, 15 min
G0300	Home Health LPN, 15 min

## **IMPLEMENTATION PROCESSES**

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South Dakota has selected the Open Vendor Model for EVV compliance. The Open Vendor Model allows providers flexibility in utilizing the state selected vendor or their own third-party vendor to meet their business needs and needs of recipients.

### **HOPE Waiver Services & State Plan Personal Care Services**

The Division of Long-Term Services and Supports offers Therap as an EVV solution for Providers to utilize at no cost to the Provider. If the Provider determines utilization Therap is not feasible, the Provider may complete the [Provider Request for Approval for Alternative IT System for EVV form](#). If an alternative IT system is approved, the Provider must ensure the minimum EVV requirements are met.

### **ADLS Waiver Services**

The Division of Rehabilitation Services offers FOCOS as an EVV solution for Providers to utilize at no cost to the Provider. If the Provider determines utilization of FOCOS is not feasible, the Provider

may complete the [Provider Request for Approval for Alternative IT System for EVV form](#). If an alternative IT system is approved, the Provider must ensure the minimum EVV requirements are met.

### **Family Support 360 Waiver Services**

The Division of Developmental Disabilities offers FOCOS as an EVV solution for Providers to utilize at no cost to the Provider. If the Provider determines utilization of FOCOS is not feasible, the Provider may complete the [Provider Request for Approval for Alternative IT System for EVV form](#). If an alternative IT system is approved, the Provider must ensure the minimum EVV requirements are met.

### **Home Health and Private Duty Nursing Services**

The Division of Medical Services (South Dakota Medicaid) offers Therap as an EVV solution for Providers to utilize at no cost to the Provider. If the Provider determines utilization of Therap is not feasible, the Provider may choose another third-party at the provider's cost. The third-party must be able to establish an interface connection to the Therap Aggregator. The Aggregator is a centralized database that collects, validates, and stores the EVV data. The Aggregator is mandatory for the collection and submission of EVV data to the Medicaid Management Information System (MMIS) for use in claim adjudication.

## **DATA REQUIRED**

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The following data elements are required to be collected in near-real time for the listed services subject to EVV:

1. Type of service performed
2. Individual receiving the service
3. Date of the service
4. Location of service delivery
5. Individual providing the service
6. Time the service begins and ends

## **DATA COLLECTION**

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Data can be collected in a variety of ways including:

1. Mobile applications utilizing global positioning systems (GPS). Monitoring of GPS clock in and clock out coordinates against clients' locations on the date of service should occur. Visits validated by GPS are auditable by the Program Integrity Unit and reviewed on a case-by-case basis due to the situational circumstances of each recipient's location and acceptable range that is considered 'home'.
2. A device affixed and registered at a specific location (fixed visit verification (FVV)).
3. Interactive Voice Response (IVR) from the recipient's landline when the mobile application is unavailable, and the recipient agrees to use of their personal landline phone. The landline must be registered to the recipient's address or service location.
4. Web Check-ins utilizing an internet browser.

5. As a last resort, manual entry (no more than 25 percent of services). Manually entered EVV, or EVV that has an exception, is not considered compliant EVV due to the manual edits. Exceptions may be made on a case-by-case basis.

## ADDITIONAL INFORMATION

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### HOPE Waiver Services

More information can be found in the provider manual [HOPE Waiver](#) and [LTSS's Provider Portal](#). Questions about HOPE Waiver Services EVV implementation can be directed to [HCBS@state.sd.us](mailto:HCBS@state.sd.us)

### ADLS Waiver Services

More information can be found in the provider manual [ADLS Waiver](#). Questions about ADLS Waiver Services EVV implementation can be directed to [infors@state.sd.us](mailto:infors@state.sd.us).

### Family Support 360 Waiver Services

More information can be found on the [Family Support 360 Waiver](#) website. Questions about Family Support 360 Waiver Services EVV implementation can be directed to [infodd@state.sd.us](mailto:infodd@state.sd.us).

### Home Health and Private Duty Nursing Services

More information can be found in the respective provider manuals: [Home Health](#) and [Private Duty Nursing](#). Questions regarding Home Health and Private Duty Nursing implementation can be directed to [programintegrity@state.sd.us](mailto:programintegrity@state.sd.us).

## QUICK ANSWERS

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### 1. Is the Aggregator required for EVV data submission to MMIS for all Medicaid services?

No, Home Health and Private Duty Nursing Services implemented EVV, requiring submission through the Aggregator effective December 31, 2023.

HOPE Waiver, ADLS Waiver, and Family Support 360 Waiver Services do not require submission through the Aggregator at this time. Providers should continue to submit EVV data under present circumstances, either using FOCOS, Therap's EVV platform, or third party vendor import into the Therap system.

### 2. Can span dates be billed on one claim line for claims requiring EVV, such as S9123 with dates of service 1/1/24 to 1/7/24?

No, span dates cannot be billed. Each date of service and each procedure code must be on an individual claim line.

### 3. How does a provider utilize their own EVV system (third party) with the Aggregator?

Providers utilizing a third party EVV system will document visits in their third party EVV system. Through an interface, the EVV visits will be loaded into the Aggregator. All providers providing

Home Health and Private Duty Nursing Services interested in utilizing a third party vendor should contact [programintegrity@state.sd.us](mailto:programintegrity@state.sd.us) to learn more about the process.

**4. Do EVV requirements apply if the individual receiving personal care or home health care services live with the caregiver providing the service?**

Yes, EVV requirements do apply for the services and codes within this manual when the caregiver providing the service and the beneficiary live together.

**5. When utilizing GPS for EVV data collection, how close to a designated location will the visit need to be recorded to be considered a valid visit? What is the acceptable range?**

Providers should make every effort to ensure the clock-in and clock-out coordinates are at the scheduled location. If there are concerns, please contact the appropriate program.