

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY

NUMBER: BA177

NAME: ELECTRONIC VISIT VERIFICATION (EVV)

INITIAL APPROVAL DATE:	04/23/2025	BY: Administration
(LAST) REVISION DATE:	03/18/2025	BY: CIO
(LAST) REVIEW DATE:	04/17/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

This policy shall provide guidance to staff and contract providers on the use of the Electronic Visit Verification (EVV) system.

II. APPLICATION

Populations: **ALL**

Programs: **Direct - ALL**
Contracted - ALL

III. POLICY

EVV is a technology-based validation of services that is required when a provider begins and ends a visit in the home of an individual receiving services. This information helps to ensure that individuals we serve receive their authorized care. The requirement of EVV does not prohibit services being delivered outside of the individual's home. Services will continue to be delivered in accordance with the individual's needs, individual plan of service, and Home and Community Based Service standards.

IV. DEFINITIONS

- a. Individual: A person who receives services from Sanilac CMH. Also referred to as a "beneficiary" by MDHHS.
- b. Caregiver: A provider who has contracted with Sanilac CMH to provide services outlined in a contract to an individual who receives services from Sanilac CMH.
- c. Electronic Visit Verification- The electronic process used to verify that authorized services have been performed when a provider begins and ends a visit in the individual's home.
- d. HHaEXchange- This is the state selected EVV vendor and aggregator.
- e. EVV Data Requirements- EVV requires the following information: 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.

V. STANDARDS

- a) 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, an agency provider must ensure compatibility with the HHAeXchange Electronic Data Interchange (EDI) process and must submit EVV information to the state's aggregator. An agency provider's use of an alternative EVV system is at their own cost.

- b) EVV Mobile Application- The mobile application can be downloaded to a individual-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.
- c) Interactive Voice Response (IVR)/Telephony - Using the individual'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 individual authorizes the use of their landline for EVV.
- 2. The individual's services start and end in their home. If the individual 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.

- d) The following procedure codes, listed by program, require the use of EVV. Any service listed below that starts or ends in the individual's home requires EVV.
 - 1. H2015- Community Living Supports (CLS)
 - 2. T1005- Respite Care, per 15-minutes
- e) EVV PCS Exclusions - The following sections contain information on congregate living settings, live-in caregivers, and beneficiaries who receive Home Help and CLS services during the same visit. Services provided to individuals who live in these settings, live with their caregiver(s), or receive Home Help and CLS services, as described below, are exempt from EVV for their services.

Individuals with Home Help and CLS Services who receive personal care services from both Home Help and Behavioral Health (in the form of CLS) in the same visit are excluded from EVV at this time.

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

- f) Live-In Caregivers - For the purposes of EVV, the definition of "live-in caregiver" requires the provider to meet all the following criteria:
1. The caregiver lives in the same home as the individual;
 2. The home is the caregiver's permanent and primary residence;
 3. The caregiver is responsible for providing services that require EVV to the individual.

The caregiver could be employed by the individual, 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. See Attachment A: Live-In Caregiver Attestation. The completed attestation and supporting documentation must be returned to Contract Management for approval.

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 the outlined policy to continue to be exempt from reporting EVV.

Attachment A: Live-In Caregiver Attestation

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. For annual renewals if the caregiver and beneficiary reside in the same address, these proofs of residency are not required.

- 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, email address, phone number, CHAMPS Provider ID Number, if applicable, 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. Check the box of the program of which the beneficiary is enrolled in and receives services. 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, sign and date the attestation form and check "Approved" or "Denied" with a reason for denial, if applicable.

HOW TO SUBMIT THIS FORM: Complete this form and submit it along with the documents to your program's Approving Entity or MDHHS representative. This form can be submitted in person, by email, mail, or fax. Contact your beneficiary's adult services worker, supports/care coordinator, or case manager for assistance turning this form in.

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

Purpose of Attestation (Check One): <input type="checkbox"/> Initial Request <input type="checkbox"/> Address Change <input type="checkbox"/> Renewal			
First Name		Last Name	
Street Address		City	State
Email Address	Phone Number		CHAMPS Provider ID Number

SECTION 2 – BENEFICIARY INFORMATION

First Name		Last Name		Medicaid ID Number	
Street Address		City		State	Zip Code
(Check One): <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Home Help <input type="checkbox"/> MI Choice <input type="checkbox"/> MI Health Link					

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
<p>FOR MDHHS OR APPROVING ENTITY USE ONLY</p> <p>I attest that the caregiver documented above provided at least two proofs of residency listed on the instructions page of this form or is renewing their attestation at the same address as previously recorded and approved. Based on my review of the documents provided, the caregiver is:</p> <p><input type="checkbox"/> Approved for the EVV live-in caregiver exemption.</p> <p><input type="checkbox"/> Denied Reason for Denial:</p>	
Name of Organization/Program of Approving Entity	
MDHHS or Approving Entity Staff Printed Name	

MDHHS or Approving Entity Staff Signature	Date
<p>The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.</p> <p>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.</p>	