

## **540 ELECTRONIC VISIT VERIFICATION**

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REFERENCES: A.R.S. §§ 8-546, 15-765, 36-552(C), 36-558(A), 36-560(B); A.A.C. R9-28-509; and, Social Security Act § 1915 (k)., AMPM 540, Division Medical Policy 310-B, 580, 1620-A, and 1620-D

### **PURPOSE**

This Policy outlines the Division's requirements regarding the mandated use of an Electronic Visit Verification (EVV) system for personal care and home health services pursuant to 42 U.S.C. §1396b(l).

### **DEFINITIONS**

1. "Aggregator" means a function of the AHCCCS EVV Vendor System that allows the state to compile all data and present it in a standardized format for review and analysis.
2. "AHCCCS Electronic Visit Verification (EVV) Vendor" means the AHCCCS selected State-Wide EVV vendor to comply with the 21st Century Cures Act (Cures Act).
3. "Alternate Electronic Visit Verification System" or "Alternate EVV System" means any EVV system(s) chosen by a Provider as an

alternate to the AHCCCS selected State-Wide EVV vendor.

4. "Direct Care Worker" or "DCW" means for the purpose of this Policy, an individual providing one or more of the services subject to EVV.
5. "Designee" means for the purposes of this Policy, an individual who is 12 years of age or older and who is delegated by the Member or Health Care Decision Maker the responsibility of verifying service delivery on behalf of the Member.
6. "Electronic Visit Verification" or "EVV" means a computer-based system that electronically verifies the occurrence of authorized service visits by electronically documenting the precise time a service delivery visit begins and ends, the individuals receiving and providing a service, and type of service performed.
7. "Manual Edit" means any change to the original visit data. All edits shall include an appropriate audit trail.
8. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
9. "Planning Document" means a written plan developed through

an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.

10. "Prior Authorization" means for purposes of this Policy, a process by which it is determined in advance whether a service that requires prior approval will be covered, based on the initial information received. Prior Authorization may be granted provisionally (as a temporary authorization) pending receipt of required documentation to substantiate compliance with AHCCCS criteria. Prior Authorization is not a guarantee of payment.
11. "Provider" means any individual or entity contracted with the Division that is engaged in the delivery of services, or ordering or referring for those services, and is legally authorized to do so by the State.
12. "Responsible Person" means the parent or guardian of a minor with a developmental disability, the guardian of an adult with a developmental disability or an adult with a developmental

disability who is a Member or an applicant for whom no guardian has been appointed.

13. "Service Confirmation" means a notification to AHCCCS through an online portal by a Provider a service that does not require Prior Authorization will be provided to a Member that is medically necessary.

## **POLICY**

### **A. ELECTRONIC VISIT VERIFICATION**

1. The Division shall use EVV to ensure, track, and monitor timely service delivery and access to care for Members.
2. The Division shall ensure Providers utilize AHCCCS' single statewide EVV System for data collection or choose an AHCCCS approved Alternate EVV System capable of sharing data with the Aggregator.

### **B. SERVICE VERIFICATION**

1. The Division shall ensure that all Providers who are subject to EVV utilize the AHCCCS procured system or an AHCCCS

- approved Alternate EVV System to electronically track the defined data specifications available on the AHCCCS website.
2. The Division shall require the Responsible Person to verify hours worked by the Direct Care Worker (DCW) at the point of care or within 14 calendar days of the visit.
  3. The Division shall require the Responsible Person to verify Manual Edits to visits.
  4. The Division shall require the Responsible Person to arrange for a Designee to have the verification responsibility and complete the Division's Electronic Visit Verification (EVV) Designee Attestation (Form DDD-2102A) when the Responsible Person is unable or is not in a position to verify service delivery on an ongoing basis.
  5. The Division shall require the Electronic Visit Verification (EVV) Designee Attestation (Form DDD-2102A) to be completed, at a minimum, on an annual basis to attest that the Responsible Person has communicated the requirements of the verification responsibility to the Designee to whom they are delegating the verification responsibility.

6. The Division shall require Providers to assist the Responsible Person in making an informed decision about verification delegation.
7. The Division shall permit the Responsible Person to make a change to their verification delegation at any time by completing an Electronic Visit Verification (EVV) Designee Attestation (Form DDD-2102A).
8. The Division shall require exceptions to the Designee age requirement to be discussed with the Planning Team and documented on the Electronic Visit Verification (EVV) Designee Attestation (Form DDD-2102A) prior to the delegation of service delivery verification responsibility.
9. The Division shall not allow the Responsible Person or the Designee to verify service delivery for the services that they have personally rendered.
10. The Division shall require documentation on the Electronic Visit Verification (EVV) Designee Attestation (Form DDD-2102A) when there are barriers to verification.

### **C. PAPER TIMESHEETS**

1. The Division shall allow the use of paper timesheets when the actual date and the start and end time of the service provision are independently verified.
2. The Division shall permit the use of Paper Timesheets under the following circumstances:
  - a. The DCW and the Member live in geographic areas with limited, intermittent, or no access to landline, cell, or internet service;
  - b. Individuals for whom the use of electronic devices would cause adverse physical or behavioral health side effects or symptoms;
  - c. Individuals electing not to use other visit verification modalities on the basis of moral or religious grounds;
  - d. Individuals with a live-in caregiver or caregiver accessible on-site 24 hours and for whom the use of other visit verification modalities would be burdensome;

- e. Individuals who need to have their address and location information protected for a documented safety concern.
3. The Division shall require a signed Electronic Visit Verification (EVV) Paper Timesheet Attestation (Form DDD-2101A) and utilize the standardized paper timesheet specified in the DDD Electronic Visit Verification Paper Timesheet (Form DDD-2100A).
4. The Division shall review annually and monitor the use of the Electronic Visit Verification (EVV) Paper Timesheet Attestation (Form DDD-2101A) to ensure they are utilized for permitted circumstances only.
5. The Division shall allow Providers to utilize their own paper timesheet when their timesheets capture the minimum data elements specified in the DDD Electronic Visit Verification Paper Timesheet (Form DDD-2100A).
6. The Division shall ensure the Provider enters the paper timesheets into their EVV System no more than 21 days past the date of service rendered as long as timeliness filing standards are met as outlined in Division Operations Policy 203 and



Provider Manual Chapter 12.

**D. EVV MODALITIES**

1. The Division shall ensure the Responsible Person can choose, at a minimum on an annual basis, the device that best fits their lifestyle and how they manage their care.
2. The Division shall ensure the Provider has at least two different types of visit verification modalities to accommodate Member preferences and service delivery areas with limited, intermittent, or no access to landline, cell, or internet service.
3. The Division shall require the Provider to assist the Responsible Person in making an informed decision about the choice of data collection modality.
4. The Division shall permit the Responsible Person to change the EVV modality at any time.
5. The Division shall permit Provider agencies to allow DCWs to utilize personal devices.
6. The Division shall ensure the Provider has a backup plan for EVV

if the personal device becomes inoperable.

7. The Division shall permit the Provider to choose to allow GPS tracking while the DCW is on the clock and disclose to the Responsible Person how and why the DCW is being tracked and ensure the disclosure is documented and on file.
8. The Division shall permit the Responsible Person, as applicable, the opportunity to change their preference for the visit verification device the DCW will use.

#### **E. CONTINGENCY/BACK-UP PLAN**

1. The Division shall require the Provider to use the standardized Contingency/Back-Up Plan forms to plan for missed or late service visits and discuss the Responsible Person's preference on what to do should a visit be late or missed and be noted for each service the Provider is providing.
2. The Division shall require Independent Providers to use DDD-EVV Member Contingency/IP Model Back-Up Plan (Form DDD-2113A).
3. The Divisions shall require Qualified Vendors to use Electronic

Visit Verification (EVV) Member Contingency/Back Up Plan (Form DDD-2099A).

4. The Division shall require the Provider to review the Contingency/Back-Up Plan with the Responsible Person annually.
5. The Division shall require the Provider to follow up with the Responsible Person when a visit is late or missed, to discuss what action needs to be taken to meet the service need.
6. The Division shall require the Provider to permit the Responsible Person to change decisions about their preference levels regarding missed or late service visits and the Contingency/Back-Up Plan at any time.
7. The Division shall require the Provider to assign a default preference based on the service when the Responsible Person does not choose a preference.

## **F. REPORTING**

1. The Division shall utilize EVV data to monitor and analyze the following to support Provider compliance with EVV as well as

inform network adequacy and workforce development planning:

a. Member access to care:

- i. Late and missed visits and adherence to contingency planning preferences; and
- ii. Timeliness of new services from the date it was determined medically necessary to the date the service was provided for newly enrolled and existing Members.

b. Provider Performance:

- i. Unscheduled visits;
- ii. Manual Edits;
- iii. Device utilization;
- iv. EVV modality types in use;
- v. Visits that follow the Member's Contingency/Back-Up Plan; and
- vi. Monitoring of service hours authorized compared to

service hours actually provided.

2. The Division shall require the Provider to self-monitor and analyze the following:
  - a. Performance, including location discrepancies, and visit exceptions;
  - b. Devices by monitoring and maintaining a list of AHCCCS EVV Vendor devices assigned to the Provider; and
  - c. Service delivery by monitoring service hours authorized compared to service hours actually provided.

#### **G. PROVIDER REQUIREMENTS AND DIVISION OVERSIGHT**

1. The Division shall monitor all Provider responsibilities specified in this policy as part of annual monitoring to ensure compliance with the following roles and responsibilities of the Provider required to utilize EVV:
  - a. Notifying the AHCCCS EVV Vendor of all new users and user terminations and all data security incidents;
  - b. Collecting and maintaining records for the audit period of

at least six years from the date of payment, applicable attestations regarding verification delegation, paper timesheet allowances, and contingency/back-up plans as outlined in Section (F) of this Policy;

- c. Counseling the Responsible Person, as applicable, on the scheduling flexibility based on the Member's service plan or Provider plan of care and what tasks can be scheduled and modified depending on the DCWs scheduling availability at least every 90 days;
- d. Developing a general weekly schedule for each service;
- e. Ensure the EVV System records the schedule for each service;
  - i. The system is prohibited from canceling a scheduled visit;
  - ii. Visits may be rescheduled; and
  - iii. The EVV System denotes what scheduled visits are rescheduled visits;

- iv. Scheduling is not required for Members who have live-in or onsite caregivers.
  
- f. Ensuring that all associated EVV System users have access to training on the EVV System;
  
- g. Providers using an Alternate EVV System, submitting data timely to AHCCCS as a condition of reimbursement as specified in technical requirement documents available on the AHCCCS website;
  
- h. Comply with Member responsiveness including requirements that Qualified Vendors answer the phone 24/7 or return a phone call within 15 minutes for Members who are reporting a missed or late visit;
  
- i. For Providers using the AHCCCS procured EVV System, developing and implementing policies to account for and ensure the return of devices issued by Providers to DCWs;
  
- j. Ensuring the Provider has at least two different types of visit verification devices available to accommodate Member preferences and service delivery areas with limited,

intermittent, or no access to landline, cell, or internet service;

- k. Ensuring any device used to independently verify start and end times without the use of GPS is physically fixed to the Member's home to ensure location verification;
- l. Ensuring any Providers that permit DCWs to utilize personal devices have an alternate verification method or option if the device becomes inoperable;
- m. Ensuring that Member devices are not used for data collection unless the Member has chosen a verification modality that requires the use of their device;
- n. Contacting the Member to validate any visit exceptions including instances when the Member indicates the service or duration does not accurately reflect the activity performed during the visit;
  - i. The documentation of exceptions need to be consistent with CMS's Medicare signature and documentation requirements for addendums to



records; and

- ii. Changes as a result of the exceptions process are considered an addendum to the record and do not change the original records.
- o. Documenting Manual Edits to visits within the system and maintaining hard copy documentation.

#### **A. SUPPLEMENTAL INFORMATION**

1. The choice of a modality may be limited for Members who receive service(s) on an intermittent basis, such as respite care or home health services.
2. EVV Prior Authorization and Service Confirmation Portal:
  - a. Some EVV services require Prior Authorization and some do not. To ensure all EVV services have an authorization record in the EVV System, AHCCCS has instituted and will require the use of Service Confirmations for EVV services that currently do not require Prior Authorization;
  - b. Service Confirmations are a notification to AHCCCS for any

EVV services not Prior Authorized by a Provider that a service will be provided to a Member that is medically necessary. AHCCCS has created an online web-based Service Confirmation portal for Providers to enter the required data for the service;

- i. Service code;
  - ii. Units; and
  - iii. Dates of service.
- c. The Service Confirmation Portal is available on the AHCCCS website;
- d. The medical necessity determination date is an additional element required for EVV Services on the Prior Authorization or Service Confirmation;
- e. The medical necessity determination date is the date the need for a new service was determined as specified in guidance documents available on the AHCCCS website.
3. Electronic Visit Verification (EVV) Paper Timesheet Attestation

(Form DDD-2101A) is utilized to justify the allowance of the use of paper timesheets.

4. Electronic Visit Verification (EVV) Paper Timesheet Attestation (Form DDD-2101A) is specific to the Member and the services they receive from a single Provider.
5. The signature does not have to be recorded in the EVV System, but Providers shall have the original, wet copy of the signature on file for audit purposes.
6. A faxed copy of the signature is permissible for billing purposes.
7. It is allowable for Members to choose different preference options based upon the service.