

Electronic Visit Verification (EVV)

Member-Related Frequently Asked Questions (FAQs) & Answers

December 2020

FAQs were updated in December 2020. New questions are identified with “NEW” preceding the question. Questions with updates responses since the last version have an “*” preceding the question.

For Self-Directed Members and Families looking for additional information specific to your waivers, you can [click here](#) to review the “Self-Directed Members and Families Frequently Asked Questions (FAQs).”

GENERAL EVV QUESTIONS

1. Who is DCH?

The Georgia [Department of Community Health \(DCH\)](#) is the single State Agency designated to administer and supervise the administration of Georgia’s Medicaid program. (42 C.F.R. § 431.10). DCH oversees program administration and funding for all Georgia Medicaid services.

2. What is Electronic Visit Verification?

[Electronic Visit Verification \(EVV\)](#) is an electronic system that confirms when Provider visits occur and keeps track of the precise time services begin and end. It ensures that Members receive the services they are authorized to receive. EVV gives Providers, care coordinators, and DCH access to service delivery information in real-time to ensure there are no gaps in care and helps to reduce fraud in home care delivery.

3. How does EVV work?

An EVV system electronically confirms that home or community-based service visits occur by keeping track of six points of data:

- ❖ Who receives the service;
- ❖ Who provides the service;
- ❖ What type of service is performed;
- ❖ Place where service occurs;
- ❖ Date of the service; and
- ❖ Time the service begins and ends.

4. Why is Georgia implementing EVV?

In December 2016, the United States Congress enacted the [21st Century Cures Act \(Cures Act\)](#). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a Provider. Georgia is implementing EVV to comply with the Cures Act.

5. How does implementing EVV benefit Georgia’s Medicaid Programs?

EVV systems qualify for enhanced federal Medicaid funding. Failure to comply with the Cures Act could result in incremental reductions in Georgia’s Federal Medical Assistance Percentage (FMAP) over the first five years of the mandate. The FMAP provides federal funding for Georgia’s Medicaid Program, including PCS and HHCS. A reduction in funding could negatively impact



Provider and Member communities. By implementing EVV, Georgia will avoid reductions in federal Medicaid funding.

6. What are the benefits to Members of an EVV system?

Benefits to Members include:

- ❖ EVV ensures aides deliver the services for which they are paid;
- ❖ EVV improves Member outcomes by enhancing consistency of care delivery; and
- ❖ EVV improves communication and alignment across the care coordination team.

7. Which Medicaid services will EVV monitor?

Medicaid-funded **Personal Support Services/Community Living Supports** (CPT Codes T1019 and T1020) for the following waiver programs will be subject to EVV Program requirements:

- ❖ Service Options Using Resources in a Community Environment (**SOURCE**)
- ❖ Community Care Services Program (**CCSP**)
- ❖ New Options Waiver (**NOW**)
- ❖ Comprehensive Supports Waiver Program (**COMP**)
- ❖ Independent Care Waiver Program (**ICWP**)
- ❖ Georgia Pediatric Program (**GAPP**)

Additionally, EVV must be implemented for **Home Health Care Services** (CPT Codes S5125 and S5126) by January 1, 2023.

8. *Which services are not affected by the EVV Program?

The following services within each Georgia waiver program are NOT affected by the EVV implementation:

<p>Elderly and Disabled Waiver Programs (SOURCE & CCSP):</p> <ul style="list-style-type: none"> ○ Adult Day Health ○ Alternative Living Services ○ Emergency Response Services ○ Home-Delivered Meals ○ Home-Delivered Services ○ Out-of-Home Respite Care ○ Structured Family Caregiving
<p>NOW and COMP Programs:</p> <ul style="list-style-type: none"> ○ Additional Residential Staffing ○ Adult Nutrition Services ○ Adult Occupational Therapy ○ Adult Physical Therapy ○ Adult Speech and Language Therapy ○ Behavioral Supports ○ Community Access Services (Individual/Group) ○ Community Residential Alternative Services ○ Environmental Accessibility Adaptation ○ Financial Support ○ Individual Directed Goods and Services ○ In/Out-of-Home Respite Care ○ Intensive Support Coordination Services ○ Nursing Services



<ul style="list-style-type: none"> ○ Prevocational Services ○ Specialized Medical Equipment ○ Specialized Medical Supplies ○ Support Coordination Service ○ Supported Employment ○ Transportation Vehicle Adaptation
<p>ICWP Program:</p> <ul style="list-style-type: none"> ○ Adult Day Services ○ Behavior Management ○ Counseling Services ○ Environmental Modification ○ Out-of-Home Respite Care ○ Personal Emergency Response System ○ Specialized Medical Equipment and Supplies
<p>*Skilled Nursing Services by Private Home Care Providers will not be impacted by the EVV implementation in 2021. However, EVV will be implemented for Home Health Care Services (including Skilled Nursing Services) by January 1, 2023.</p>

9. How will Members be required to participate in the EVV Program?

Once the EVV system is in place, a Member or a family caregiver may be asked to sign off on the services provided by an aide. If the Member or family caregiver is unable to sign off on the services provided, the aide may use an alternate method of submitting the care delivery details required for the EVV Program.

10. Can a Member choose to not participate in the EVV Program?

Members must participate in the EVV Program if they receive Personal Support Services / Community Living Supports through SOURCE, CCSP, ICWP, NOW, COMP, or GAPP. Members must participate in the EVV Program if they receive in-home Home Health Care Aide Services starting in 2023. If a Member chooses to not participate in the EVV Program, services will be discontinued.

11. *Who is responsible for paying for EVV?

DCH will pay for the State EVV Solution, including system implementation, Member and Provider training, and recurring system maintenance and operations fees. There is no charge to Provider agencies for using the State EVV Solution for EVV-required services for Medicaid clients. However, if a Provider chooses to implement an alternative EVV system, any cost associated with the alternative EVV system and the cost to integrate this system with the State EVV Solution will be the responsibility of the Provider.

12. *What is the mandated deadline for EVV implementation?

The mandated deadline for EVV implementation is January 1, 2020 for Medicaid-covered PCS and January 1, 2023 for HHCS. However, with the approval of a Centers for Medicare & Medicaid Services (CMS) Good Faith Effort (GFE) Exemption, the deadline for the EVV implementation for PCS was extended to January 1, 2021. The deadline for the EVV implementation for HHCS remains unchanged.

13. What is the CMS Good Faith Effort (GFE) Exemption?

The Cures Act allows states to delay EVV implementation without penalty for up to one (1) year if the state could demonstrate a good faith effort had been made to comply with EVV requirements,



but unavoidable delays had occurred. States are required to submit a GFE Exemption Form Request to CMS to seek approval to delay EVV implementation for their state.

14. *Has Georgia submitted a CMS Good Faith Effort (GFE) Exemption Form Request?

Yes. DCH submitted a GFE Request Form on behalf of the State of Georgia on November 8, 2019. CMS approved the request on December 3, 2019, extending the deadline for the implementation of EVV for PCS to January 1, 2021. The deadline of the EVV implementation for HHCS remains unchanged.

Georgia's EVV implementation for PCS is scheduled for July 1, 2021. FMAP reductions will be applied for the first quarter of 2021.

15. NEW: When will the use of EVV be required?

The federal 21st Century CURES Act requires states to implement EVV for personal care services by January 1, 2021. Georgia DCH will begin requiring EVV information before payment starting on July 1, 2021.

In December 2016, the United States Congress enacted the 21st Century Cures Act (Cures Act). Section 12006 of the Cures Act requires states to implement EVV for Medicaid-covered Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a Provider. The mandated deadline for EVV implementation is January 1, 2020 for Medicaid-covered PCS and January 1, 2023 for HHCS. However, with the approval of a Centers for Medicare & Medicaid Services (CMS) Good Faith Effort (GFE) Exemption, the deadline for the EVV implementation for PCS was extended to January 1, 2021. The deadline for the EVV implementation for HHCS remains unchanged.

16. NEW: Who is DCH'S contractor for the State EVV Solution?

Conduent, in partnership with Tellus, will deliver Georgia's State EVV Solution and provide training to Members and Providers.

EVV PROCESS

17. What is the first step in the EVV process for Members who are currently receiving Personal Support Services / Community Living Supports services?

Once the EVV system is in place, a Member or a family caregiver will be trained on how the system will be used to capture and track service and visit details. Training will be provided to Members, family caregivers, direct care workers, personal care assistants, home health or personal care aides, provider agencies, and other users once the system is in place.

18. *Do Members have to be at home for EVV visit check-in or check-out?

No. The State EVV Solution will be able to collect multiple addresses for each Member so aides may verify services rendered in the home, as well as in the community. Therefore, Members can continue to participate in activities in their communities as usual.

19. How will Members confirm and verify services?

There are multiple ways Members will be able to confirm and verify services. Once the EVV system is in place, Members or family caregivers will be trained on the processes.



20. Will the EVV system have a verification option for Members who are not able to confirm the visit took place?

Yes. The EVV system will have an option for Members who are not able to confirm on their own that the visit took place. More details on these options will be provided before EVV implementation.

21. Who do I contact if I have a question or complaint about EVV?

You should direct your question(s) or concern(s) to the DCH EVV-dedicated email at evv.medicaid@dch.ga.gov. Questions or complaints regarding the use of the EVV system can be sent to the EVV vendor's helpdesk, as well. The helpdesk contact information will be provided once the EVV system is in place.

EVV TECHNOLOGY

22. *Will Georgia be using GPS technology to help capture the required EVV data?

Yes. The State EVV Solution uses GPS technology to verify services rendered. The State EVV Solution only uses GPS technology (location tracking) upon check-in and check-out when the mobile application is engaged. The EVV mobile application will not continuously track the location of the Provider, Member, or aide.

23. NEW: If I do not have internet, how should the visit be documented?

The Georgia EVV solution allows for check-ins and check-outs when the device is offline. Details are provided in the [Provider FAQs](#) and will be outlined during Provider training.

24. NEW: Will a code or facial recognition be required for employees to clock in and clock out using the State's EVV system?

If accessing the State EVV system using the mobile app on a smartphone or tablet, a username and password are always required. A personal identification number (PIN), thumbprint, or facial recognition can be used but are not required. If accessing the State EVV system administrative portal from a desktop or laptop computer, users will be required to log in with an email address and PIN.

25. NEW: Can a laptop or desktop be used for EVV instead of a mobile device?

The Tellus EVV administrative dashboard is available from a laptop or desktop internet browser. However, a smartphone or tablet is required for aides to use the Tellus EVV app during visits.

PRIVACY

26. Can the state or any state agency ask DCH for a list of the client data for a Provider (agency)?

The data captured in the EVV system belongs to DCH. Data requests would be submitted to DCH and approved or denied at DCH's discretion.



27. *With whom will DCH share data collected by the EVV solution?

The data captured in the State EVV Solution belongs to DCH. DCH will share claims information with the Department of Behavioral Health and Development Disabilities (DBHDD) as the operating agency for the NOW and COMP waiver programs. All other requests for EVV data must be submitted to DCH and may be approved or rejected at DCH's discretion.

The FAQs include the most common EVV questions received by DCH that are related to Members and Members' families. DCH monitors all questions received and frequently updates the FAQs, so please check the DCH EVV website regularly for new information!