

**SERVING, EMPOWERING AND
SUPPORTING MISSOURIANS
TO LIVE THEIR BEST LIVES.**

MISSOURI DIVISION OF
DEVELOPMENTAL
DISABILITIES



**Electronic Visit Verification (EVV)
Technical Assistance Forum
January 24, 2023
1:00 pm**

**Division of Developmental Disabilities
Federal Programs Unit**

AGENDA

- Introductions
- EVV Overview
- Presentation topics:
 - ✓ Waiver modifiers in CIMOR
 - ✓ EVV vendor vs Aggregator= electronic aggregator solution (EAS)
 - ✓ Memo field=Meaningful documentation
 - ✓ Compliance caregivers not using EVV
 - ✓ Accrual of minutes
 - ✓ Comingling services
 - ✓ Self-Directed Services
 - ✓ telephony
- Open discussion

EVV Timeline review



- **Effective January 1, 2021**
 - All DD PA providers were required to use EVV to document services delivered to participants in the home.
- **Effective November 8, 2021**
 - EVV systems supporting PA providers were required to exchange visit data with the Aggregator or electronic aggregator solution (EAS).
- **Effective January 1, 2023**
 - Implemented DMH EVV incentive for 80% matching EVV records to paid claims.
- **Effective September 13, 2023**
 - Completion of the Memo field on all EVV visits is **REQUIRED** in the Aggregator.
- **Future: 2024**
 - **Implementation of Pre-Payment Validation/Visit Matching**
 - **Pre-payment determination for service before the claim is sent to the MMIS**

EVV Data Points

In order to provide EVV services in the state of Missouri, all EVV systems must verify the following:

- **Type** of service performed (includes agency model and self-directed/consumer directed,
- **Individual receiving** the service,
- **Date** of the service,
- **Location** of service delivery when it begins and when it ends,
- **Individual providing** the service, and
- **Time** the service begins and ends.
- **Memo Field**

Providers must monitor the EAS to confirm their agency's visit records are verified and monitor what data is being sent to the Aggregator.

DMH EVV

Procedure Codes and Modifiers



Provider Type	Procedure Code	Modifier 1	Modifier 2	Modifier 3	Service Description by waiver type and administering agency	Memo is required to document tasks
85	T1019	HQ	HA		DMH Waiver - Missouri Children with Developmental Disabilities - Personal Assistant Group Agency/Contractor	Requires a Memo
85	T1019	HA			DMH Waiver - Missouri Children with Developmental Disabilities - Personal Assistant Individual Agency/Contractor	Requires a Memo
85	T1019	U2	HA		DMH Waiver - Missouri Children with Developmental Disabilities - Personal Assistant Individual, Self-Directed	Requires a Memo
85	T1019	SC	HA		DMH Waiver - Missouri Children with Developmental Disabilities - Personal Assistant Medical, Agency/Contractor	Requires a Memo
85	T1019	SC	SE	HA	DMH Waiver - Missouri Children with Developmental Disabilities - Personal Assistant Medical, Self-Directed	Requires a Memo
85	T1019	HQ	HX		DMH Waiver - Partnership For Hope - Personal Assistant Group Agency/Contractor	Requires a Memo
85	T1019	HX			DMH Waiver - Partnership For Hope - Personal Assistant Individual Agency/Contractor	Requires a Memo
85	T1019	U2	HX		DMH Waiver - Partnership For Hope - Personal Assistant Individual, Self-Directed	Requires a Memo
85	T1019	SC	HX		DMH Waiver - Partnership For Hope - Personal Assistant Medical, Agency/Contractor	Requires a Memo
85	T1019	SC	SE	HX	DMH Waiver - Partnership For Hope - Personal Assistant Medical, Self-Directed	Requires a Memo

DMH EVV

Procedure Codes and Modifiers

85	T1019	HQ	U1		DMH Waiver - Community Support - Personal Assistant Group Agency/Contractor	Requires a Memo
85	T1019	U1			DMH Waiver - Community Support - Personal Assistant Individual Agency/Contractor	Requires a Memo
85	T1019	U2	U1		DMH Waiver - Community Support - Personal Assistant Individual, Self-Directed	Requires a Memo
85	T1019	SC	U1		DMH Waiver - Community Support - Personal Assistant Medical, Agency/Contractor	Requires a Memo
85	T1019	SC	SE	U1	DMH Waiver - Community Support - Personal Assistant Medical, Self-Directed	Requires a Memo
85	T1019	HQ	HI		DMH Waiver - Comprehensive - Personal Assistant Group Agency/Contractor	Requires a Memo
85	T1019	HI			DMH Waiver - Comprehensive - Personal Assistant Individual Agency/Contractor	Requires a Memo
85	T1019	U2	HI		DMH Waiver - Comprehensive - Personal Assistant Individual, Self-Directed	Requires a Memo
85	T1019	SC	HI		DMH Waiver - Comprehensive - Personal Assistant Medical, Agency/Contractor	Requires a Memo
85	T1019	SC	SE	HI	DMH Waiver - Comprehensive - Personal Assistant Medical, Self-Directed	Requires a Memo

CIMOR



CIMOR

CIMOR
Production

Consumer

Face Sheet

Demographics

Addresses

Phones

EMail

Citizen/Ethnic

Aliases

Custody

Education

Employment

Identifiers

Languages

Legal Authority

Marital

Military Service

Religion

Special Needs

Benefit/Eligibility

Consumer Res

Screenings

GPRA

Episodes of Care

Change Organization

My Organization

List Identifiers

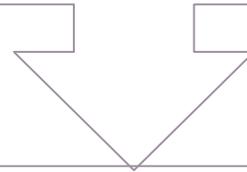
	ID Type	ID Number	From Date	To Date
View	SSN	[REDACTED]	09/01/2006	
View	DMH ID	[REDACTED]	09/01/2006	
View	Medicaid DCN	[REDACTED]	10/18/2018	
View	Community Waiver Slot	[REDACTED]	05/15/2018	
View	Local Chart Number	[REDACTED]	09/01/2006	

EVV Vendor vs Electronic Aggregator Solution (EAS)

The difference between an EVV Vendor's database
and the EAS.

EVV Vendors

EVV vendors provide electronic technologies for the purpose of recording point of service visit information

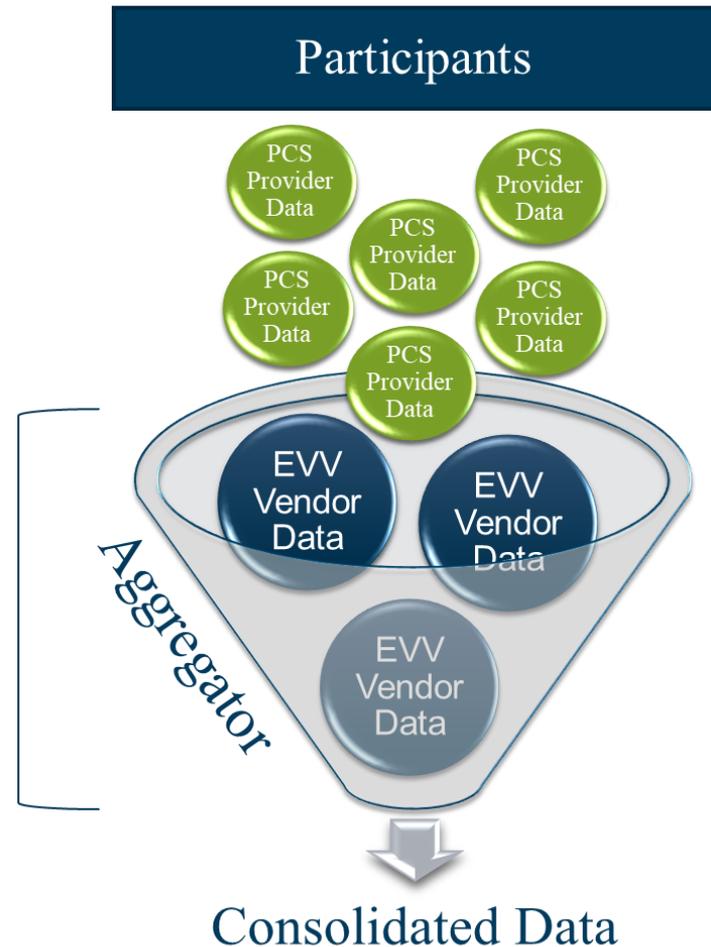


Missouri uses the provider choice model for EVV which allows PA providers to choose an EVV vendor that best meets their needs

EVV Aggregator Solution (EAS)

EAS

- **Consolidates** the data from the EVV vendors
- **Formats** it for commonality
- **Presents** it for reporting and analysis



Utilization of EAS

- PA providers must log in to EAS to ensure visit data is being submitted by their EVV vendor and the visit data is correct
- State agencies use EAS for oversight into their Medicaid funded programs
- MMAC uses EAS for reviews and auditing purposes



Memo Field

- Providers must have meaningful documentation in the memo field along with the required six data points.
- Any applicable visits that do not meet the memo requirements will display in the aggregator with a status of ‘Incomplete’.
- The Exceptions tab of the Visit Details screen will indicate “Visit Memo Requirement Not Met”.
- To complete this visit and update to a Verified status, the visit must be resubmitted to aggregator with a memo of appropriate length.

Memo Field

- Some providers use the memo field as their daily progress note documentation; others continue to keep documentation in the home of the individual. In that case, there still needs to be detailed documentation in the memo field.
- It is the provider's responsibility to have all progress note documentation available whether electronic or paper in the event the State request's additional information.
- In the event EVV vendors go out of business or change vendors; providers must ensure access to their EVV data and that their information is uploaded to EAS.

Documentation

The visit memo field should contain a detailed meaningful description of the individual's activities and how the individual was supported during the delivery of the service.

Examples of actual memo field documentation that are not meaningful:

- “No comments”
- “Clocked in at 5:35”
- “Staff forgot to clock in and out.”
- “All notes were completed for the day”
- “Dhgdsgoiradll”

EVV Compliance

- EVV is a federal rule and MO HealthNet is the authority who provides the oversight.
- State auditors understand that providers are working to maintain compliance, but ultimately the responsibilities are on the provider to be EVV compliant which would include hired caregivers being compliant with clocking in/clocking out and documentation.

Accrual of Minutes

- Providers may continue to bill for accumulated units in the same way they are doing now.
- When MO HealthNet begins matching claims within Electronic Aggregator Solution (EAS), there will be more direction regarding the accumulated units.
- Providers cannot accrue for more units than what is authorized.
- Providers cannot accrue minutes between two services or programs (State Plan personal care and Waiver Personal Assistant).

Co-mingling Services

- EVV records must match the service as it is provided.
- Personal Assistants cannot comingle “services” and “programs” when clocking in/out.
- Providers cannot comingle “services” and “programs” when billing.
- The EVV system should send a clock in and clock out for each service provided to EAS.
- Providers must ensure the correct waiver procedure code and modifier for services authorized are linked to the provider’s DD Medicaid provider ID starting with 85.

(26*****) Personal Care

(28*****) Aged & Disabled Waiver Homemaker/Chore and Respite

(85*****) Community Based Developmental Disabilities

Co-mingling Services

Examples:

- 15 minutes of PA services provided on one day cannot be combined in the same EVV record with services provided on another day.
- 15 minutes of PA services provided cannot be combined in same EVV record with 15 minutes of State Plan Personal Care (PC) services provided in the same or another day.

Telephony or Interactive Voice Response (IVR)



Telephony requires completion of the memo field with meaningful documentation.

- Contemporaneous-
 - (C) “Contemporaneous” or “Contemporaneously” means at the time the service was performed or within five (5) business days, of the time the service was provided;
 - A. Failure to maintain documentation which is to be made contemporaneously to the date of service; supplemental documentation is allowable as long as the original documentation is not altered after the documentation has been made contemporaneously and all additional documents are dated and the name of the person who edited the document is included;
- Providers must work with their EVV vendor to ensure that the memo field can be completed.

DD Value Based Payment Incentives

Who: Any service provider of agency personal assistant (PA) services that successfully connect and transfer verified records to the state EVV aggregator. Self-Directed Service PA is not eligible.

What: Payment amount equivalent to 1% of claim payments made to the agency for the six month period. This payment is a data reporting payment for VBP benchmarking in future years.

Why: Electronic timekeeping, adds efficiency, provides quicker payments, allow for better coordination of care, easier scheduling, verification that care was received at the point of care, and minimizes billing errors.

Additional information can be found at:

[Value Based Payments \(VBP\) | dmh.mo.gov](https://dmh.mo.gov/value-based-payments)

Self-Directed Services

- EVV is required for Self-Directed PA services.
- Acumen/DCI is the EVV vendor for the Self-Directed program.
- EVV is required even if the individuals and their caregivers live together.
- If you are a paid Self-Directed caregiver you must clock in and clock out at the point of service.
- Enter a progress note in the memo field with a minimum of 25 characters.
- If a caregiver is not compliant, they may be subject to an audit review. If non compliance continues the option of Self-Directed may be discontinued.

Resources

- Missouri EVV Website: [MO EVV Website](#)
- Electronic Aggregator Solution (EAS): [Electronic Aggregator Solution](#)
- Sandata Technologies, LLC - Department of Social Services (DSS) - EVV Vendor Support: MOAltEVV@Sandata.com or (833) 350-5844
- DSS EVV Help: Ask.EVV@dss.mo.gov
- MO Medicaid Audit and Compliance (MMAC) EVV: MMAC.EVV@dss.mo.gov
- EAS Technical Questions: MOAltEVV@sandata.com
 - (833) 350-5844
- EAS Training: [EAS Training](#)
- Sandata Technologies, LLC On-Demand Portal: <https://sandata.zendesk.com/hc/en-us>
- FAQ: [DSS HCBS Policy FAQ](#)
- State approved EVV Vendors: [MO Certified-EVV-Vendors](#)

Questions/Answers/Comments ?

[Previous webinar Q & A document](#)



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Thank you all!