

ILLINOIS DEPARTMENT ON AGING (IDoA)
DIVISION OF PLANNING, RESEARCH AND DEVELOPMENT

Title: Electronic Visit Verification (EVV) Standards	CREATED: March 22, 2013	
	ELECTRONIC FILE NAME: EVV Standards.FY13	
	EFFECTIVE DATE: July 1, 2013	
OPERATIONS POLICY: IDoA standards for Electronic Visit Verification systems used by In-Home Service provider agencies	Last Revisions: N/A	By: N/A
	Approved By: M. Killough	Date: April 1, 2013
SEARCH WORD(S): Electronic Visit Verification (EVV)	Pertains to: <input type="checkbox"/> CCU <input checked="" type="checkbox"/> In-Home Service <input type="checkbox"/> Adult Day Service <input type="checkbox"/> Emergency Home Response Service <input checked="" type="checkbox"/> Other: Managed Care Organizations	
REQUIREMENT: All Electronic Visit Verification systems used by In-Home Service provider agencies must meet the Department's EVV Standards.	RULE REFERENCE: Section 240.1530(f)	
	OTHER REFERENCE(S): PA 097-0689, Sec 5-5f, sub-part (g)	
	Rescinds Previous IDoA Policy:	
	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> Yes
Title:	Date:	

PURPOSE:

The purpose of this policy is to establish the standards for Electronic Visit Verification (EVV) systems for In-Home Service providers.

BACKGROUND:

EVV is required under recently enacted legislation, Public Act 097-0689, also known as the Save Medicaid Access and Resources Together (SMART) Act, Sec. 5-5f., sub-part (g).

POLICY:

Effective July 1, 2013, all In-Home Service provider agencies under the Community Care Program and Managed Care Organizations providing In-Home Service under Long Term Services and Supports must use an EVV system to electronically track and document time spent by the Homecare Aide (HCA) in the participant's residence. The EVV system selected by the agency must meet the minimum standards set out below.

A. Functional Capacity

1. Verification of Hours Worked – The system must maintain accurate time reporting and allow for review/approval of time by the participant or participant designee, including participants with visual and physical disabilities. The system must allow the participant or designee to manually or electronically verify that services were delivered and that time reporting is accurate.

2. Multiple Input Options - The system must include an electronic verification option(s) such as: telephony, a smart phone with global positioning, or fixed visit verification system for authentication purposes to accommodate a participant who does not have a telephone in the home or who refuses to allow its use for verification. This must include the ability to create and manage related work schedule timesheets and participant service calendars as authorized in the participant's Plan of Care.

3. Flexibility – The system must support the addition of more services, participants and HCA as needed, and accommodate multiple participants and/or providers and multiple work shifts (e.g., more than one participant and/or HCA in the same home or at the same phone number; participant and HCA live at the same address; multiple work shifts per day per participant/HCA combination; HCAs who work for multiple participants and participants who have multiple HCAs).

4. Integration into State IT Systems – The system must upload and integrate EVV data collection into state agency billing systems.

5. Capacity – The system must record new EVV data, retain all EVV data for up to six years from the last date of service, and retrieve archived data in a timely manner.

6. Tracking – The system must document and track unedited sign-in and sign-out times of all visits. In addition, the system should allow for multiple sign in/out activities per day to accommodate time tracking for breaks in service, meals, and other provider reporting requirements.

7. Recording Increments – The system must record HCA visits in quarter hour increments and bill to nearest quarter hour in accordance with the Department's rounding policies and procedures and consistent with the Federal Fair Labor Standards Act.

8. Identification (ID) Capture – The system must electronically capture all relevant service visit data, including service recipient ID, service provider agency ID, HCA ID, date and time service delivery begins and ends, location of the service, and Care Coordination Unit and Care Coordinator ID.

9. Access – The system must be accessible for input and/or service approval 24 hours per day, 7 days a week for participants and HCAs who are deaf or hard of hearing or who are visually or physically impaired.

10. Alerts – The system must notify supervisory staff of any untimely and missed shifts or deviation in schedule.

B. Billing Integration and Data Sharing

1. Real-time data – The system must enable provider agencies to obtain real-time data to arrange regular scheduled visits, to respond in a timely manner to missed visits, and to use the data provided for automated billing and improved administrative efficiencies.

2. Secured transaction data – The system must enable provider agencies to upload transactions data to the Department in a secured manner that would facilitate, at a minimum, daily billing data; and to provider agency for internal billing and/or payroll functions.

3. Modifications and adjustments – The system must track and report modifications to the EVV system after the direct care staff input their time, and record justification of manual time reporting adjustments or exceptions.

4. Reports and queries – The system must create user-friendly reports and data files that enable provider agency and Department state agency staff to run data queries and facilitate management reports.

C. Data Storage and Security

1. Confidentiality - System deliverables must be compliant with the Health Insurance Portability and Accountability Act 5010 Standards and the Medicaid Information Technology Architecture (MITA) to ensure protection of participant confidential information and medical data security.

2. Backup and Recovery – System must maintain reliable backup and recovery processes in the event of a system malfunction or disaster situation, and provide an alternative system for timekeeping due to a provider's failure or inability to use the system for a start or end shift.

D. Electronic Reporting Interface

The system must be able to provide a secured interface to transmit the EVV visits to the Department's electronic Community Care Program Information System (eCCPIS). The interface file must include HCA Social Security Number, visit start times and end times, and any other billing data required by the Department.

E. Disaster Recovery

The EVV system must maintain a Disaster Recovery Plan that complies with Federal Guidelines (45 CFR 94.62(f)), identifying every resource that requires backup, to what extent backup is required and backups minimally on a daily basis in the event of a system failure. The plan must include offsite electronic and physical storage in the United States, preferably in Illinois, and should also include, at a minimum, all of the following:

1. recovery procedures for all events ranging from a minor malfunction to a major disaster;
2. for offsite environments, roles and responsibilities of vendor and outsourcer staff;
3. checkpoint/restart capabilities;
4. retention and storage of backup files and software;
5. hardware backup for the main processor;
6. application and operating system software libraries, including related documentation;
7. identification of the core business processes involved in the EVV system;
8. documentation of Contingency Plans;
9. definition of triggers for activating contingency plans; and
10. plan for replacement of hardware and software.

TECHNICAL ASSISTANCE, TRAINING & SUPPORT

In-Home Service providers must adopt EVV internal policies and procedures that meet the Department's EVV standards, and provide training resources and technical support for their employees on the proper utilization of their EVV system(s). In addition, In-Home Service providers must provide help desk or call center access for participants and HCAs regarding the delivery of services.

CERTIFICATION REQUIREMENT

All In-Home Service providers will be required to file certification and documentation with the Department to verify compliance and implementation of their EVV system. This certification process will be outlined in a subsequent policy announcement. The EVV standards are being issued now to enable In-Home Service providers that do not currently use EVV to procure a system to meet this mandate. Providers with one or more existing EVV systems must ensure compliance with the promulgated standards and obtain certification of each EVV system.