

Provider Forum for Upcoming EVV Changes

State of Nebraska DHHS


July 30, 2024




Introductions

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Agenda

- Why are Personal Care Services (PCS) Electronic Visit Verification (EVV) Changes Occurring
 - Review of Frequently Asked Questions (FAQs)
 - Resources and Support
 - Changes for Future Town Halls
 - Live Question and Answer Session
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Overview – Why EVV Changes?

- DHHS is making these system changes to become fully compliant with EVV requirements set forth in [12006 of the 21st Century Cures Act](#).
 - This mandates six elements of a visit be captured via EVV, which includes, “the time the service begins and ends” and “the location of the service delivery”.
 - DHHS has been cited by the Nebraska Auditor of Public Accounts (APA) for not fully enforcing this federal requirement under current practice.
 - DHHS agrees with the APA and is making these changes to ensure we are compliant and are eligible to continue to claim federal funding for these services provided that are subject to EVV.
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APA Findings

- Personal assistance services appeared to be claimed at the same time that the provider was working another job or at other activities, resulting in apparent fraudulent billings and payment.
 - Services provided lacked adequate supporting documentation. This included providers being able to submit claims without verifying the location where those services were provided.
 - Services billed exceeded the number of hours authorized under the service needs assessments.
 - Providers billed unreasonable amounts of time-including, among other things, for more daily hours than are in 24-hour period and for unfeasible scenarios, such as the supposed performance of a week's worth of duties for one client in only three days.
 - Providers received overtime pay for unauthorized services, meaning that they were compensated at an increased rate for service ineligible for payment in the first place.
 - Client guardian or parents were paid for providing services, which violates governing regulations prohibiting such arrangements.
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FAQs

Applicable Service Codes

Q1: What services are the EVV changes applicable to?



FAQs

Applicable Service Codes


A1: Services that are applicable to the EVV changes applicable to:

HCBS DD WAIVER SERVICES (CDD AND DDAD)		
SERVICES	SERVICE CODES	PROVIDER TYPE
Independent Living	2639	Agency and Independent
Supported Family Living	7494	Agency and Independent
Medical In-Home Habilitation	9220	Agency
Behavioral In-Home Habilitation	1796	Agency
Respite	2656	Agency
Respite (In-Home)	8148	Independent
Homemaker	9393	Independent
Homemaker	9769	Agency
HCBS AD WAIVER SERVICES		
SERVICES	SERVICE CODES	PROVIDER TYPE
Personal Care	5761	Agency and Independent
Companion	9510	Agency and Independent
Respite Care -- (In-Home)	1113	Agency and Independent
Disability related Child-Care -- In Home	2500	Agency and Independent
HCBS TBI WAIVER SERVICES		
SERVICES	SERVICE CODES	PROVIDER TYPE
TBI Personal Care	6222	Agency and Independent
TBI Companion	7934	Agency and Independent
TBI Respite Care (In-Home)	6688	Agency and Independent
MEDICAID PAS		
SERVICES	SERVICE CODES	PROVIDER TYPE
Personal Assistance	4475	Agency and Independent

FAQs

Start or End Visit Location

Q1: I am a Waiver services provider and recipient visits do not always start or end in the home. For example, sometimes it is at the movies, friend's home, event center, or out of State. How do I ensure compliance with the Geofence?



FAQs

Start or End Visit Location


A1: Scheduled Start verification and End verification must be captured to meet the State's GPS/geofencing requirements.

- The Netsmart Mobile Caregiver Application allows for a change in location if needed, but it must be done with proper planning on behalf of the provider/caregiver:
 - A provider/caregiver can pre-schedule a visit for any location. Multiple addresses can be set up to choose from in the MCG+ Provider Portal ahead of time.
 - PAS services are required to be provided in the Client's home, with the exception of shopping, where the Client is not allowed to accompany the provider.
 - Waiver services do not have to be at home; they can occur outside of the home and in the community, with verified address locations.
 - A provider/caregiver can, at the last minute, change that location, but it must be done prior to the start of the visit. Caregivers do have to clock in and clock out before they leave. This requires proper planning ahead of time.
 - That change in location is then checked for compliance, which should be compliant if the provider changes the location prior to the visit.
 - A provider can add multiple locations to accommodate the person-centered plan. The EVV system will look at the scheduled location to determine compliance.

FAQs

Start or End Visit Location, Continued

A1: Scheduled Start verification and End verification must be captured to meet the State's GPS/geofencing requirements.

- If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.
 - If there is a system failure or connectivity issues, proof must be provided to the state of Nebraska DHHS by the provider to overturn claim denials.
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FAQs

Start or End Visit Location

How to add an additional address.

- If you are using MCG+, steps to update the location address are located on Page 58 of the MCG+ Provider Portal User Guide.
 - <https://dhhs.ne.gov/Documents/EVV%20Provider%20Portal%20User%20Guide.pdf>
 - The MCG+ Provider Portal User Guide can be found on our EVV Page <https://dhhs.ne.gov/Pages/EVV-Provider-Training.aspx>
- If you are using Therap here are the steps to update the location address:
 - <https://help.therapservices.net/s/article/359#IDF-AddressList>.
 - Staff should be able to continue to use self-check in/out as our app captures the Geo location of the visit. If Pre-scheduling, the EVV Admin will need to make sure the Start and End Location has been completed.
- If you are using an Alternate EVV Vendor, please work with them to understand how to add additional location addresses.

FAQs

Providing Services Without Client


Q1: Sometimes our client asks us to go to the store before we come to their home to provide PAS or Waiver services. What should we do in this instance?



FAQs

Providing Services Without Client

A1: PAS services require the provider to shop without the Client. Some AD waiver services allow caregivers to go shopping without the Client present. Other waiver services require the Client to be with the provider. Further questions should be directed to service coordination or your PAS Resource Developer.



FAQs

Interactive Voice Response (IVR)


Q1: How do I initiate the request to use Interactive Voice Response (IVR) to record the start and end of a visit?



FAQs

Interactive Voice Response (IVR)

A1: Below are the steps to follow to request the use of IVR from the State

1. Provider makes a request to use IVR for EVV to the State via email at DHHS.IVR@nebraska.gov
 2. State will send the Provider the IVR instructions, request form, and attestation
 3. Provider will complete the IVR request form and attestation
 4. Provider returns completed IVR request form and attestation to the State via email at DHHS.IVR@nebraska.gov
 5. State will review and notify Provider of IVR approval or denial
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FAQs

Interactive Voice Response (IVR)

Q2: Can IVR be approved if the landline is at a doctor's office?



FAQs

Interactive Voice Response (IVR)


A2: Proper planning is required prior to a visit being conducted. Yes, you can verify IVR with the Doctor's office phone number as the landline.



FAQs

Interactive Voice Response (IVR)

Q3: We use an Alternative EVV Vendor, which includes an IVR option. This system allows for mobile devices, not just landlines since many of our clients no longer have landlines. We have had no issues with Netsmart accepting those claims. Will that be changing?



FAQs

Interactive Voice Response (IVR)

A3: While a landline is the preferred method for IVR, we will allow Client cell phones to be used for IVR if the Client approves.



FAQs

Geofence Requirement

Q1: What is the new Geofence radius in Nebraska?



FAQs

Geofence Requirement

A1: The new Geofence radius is based on Nebraska zip codes. For rural designated zip codes, the Geofence is 0.50 miles within the scheduled location. For urban designated zip codes, the Geofence is 0.25 miles within the scheduled location. The updates to the geofence radius only impact locations inside the State of Nebraska.

FAQs

Geofence Requirement


Q2: If the geofence start and end time requirements are not met, will a caregiver not get paid for the whole shift?



FAQs

Geofence Requirement

A2: The changes being made to the EVV system are consistent with documentation requirements in Medicaid for all providers, which require proper documentation of services rendered, in order for Medicaid to pay claims and expend federal funds. Providers will be paid for any visits completed which follow EVV requirements, which are established in Federal regulations section 12006 of the 21st Century Cures Act. The Act requires six data elements to be electronically captured, that includes location of the service performed and the visit start and end time. DHHS will pay submitted claims that meet the established requirements required for services subject to EVV.



FAQs

Geofence Requirement

Q3: Is DHHS aware of geolocation issues in Netsmart technology?



FAQs

Geofence Requirement

A3: The state has an established process when a ticket is not resolved from Netsmart. If, after contacting Netsmart, the issue has not been resolved, please contact DHHS at dhhs.medicaidfa-evv@nebraska.gov with your ticket number, program, and the nature of your issue that was submitted.

FAQs

Technical Issues

Q1: What should I do if there is no internet service, and the client does not have a landline for IVR?



FAQs

Technical Issues

A1: The MCG+ mobile application offers Offline mode for any services that might have to occur without cellular service or Wi-Fi. Please refer to the training materials on the MCG+ website (www.mobilecaregiverplus.com) to learn how to use Offline mode.

If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.

FAQs

Technical Issues

Q2: What do we need to do if we experience technical difficulties, or loss of connectivity?



FAQs

Technical Issues

A2: In situations with technical difficulties with MCG+ Mobile Application the Offline Mode can be used. Please see the [offline mode link](#) for additional information.

The Mobile Caregiver+ App allows you to complete visits in remote areas and "dead-zones," where neither Wi-Fi nor cellular services are available. If you anticipate that you will be in an area with poor cellular service, we recommend the EVV System Requirements located on the following slide to improve your experience with the Mobile Caregiver+ app.

If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.



EVV System Requirements

As a reminder the EVV system has optimal performance when the following are adopted.

What you will need to start?

Access	Required/Optional	Reason
Location Services (GPS)	Required	For location of visit check-in/check out
WiFi Data	Required (unless user accesses internet only mobile network)	For internet access
File Storage	Required	To store your data
Mobile Data	Required (unless user accesses internet only via WiFi network)	For internet access

Tools you will need:

LAPTOP or DESKTOP:

PC (Windows OS (32 or 64 bit) Version 7 higher)

MAC or Apple (Mac OS Version X (10) or higher)

SMART DEVICE:

SMART PHONE with GPS

Apple phone: (iOS Version 9 or higher)

Android phone: (Android Version Lollipop (5.0) or higher)

(Samsung, LG, Pixel, etc.)

TABLET with GPS

Apple tablet: (iOS Version 9 or higher)

Android tablet: (Android Version Lollipop (5.0) or higher)

(Samsung, LG, Pixel, etc.)

FAQs

Manual Claims Edit

Q2: Will manual visits or claims be allowed? What should we do if a caregiver forgets to start and or end the visit?



FAQs

Manual Claims Edit

A2: In 2020, Nebraska Medicaid announced that certain services provided by PAS and HCBS Providers were required to use the EVV system as of January 2021, as required by Section 12006 of the 21st Century Cures Act.

Federal regulations mandate six elements of health care services, or “a visit,” be captured via Electronic Visit Verification, which includes, “the time the service begins and ends” and “the location of service delivery.” Effective 8/14/2024, visits will need to be started and ended with an approved location capture verification method. The approved location capture verification methods are GPS and or Interactive Voice Response (IVR):

- Any visit that was not started and or ended with an approved location capture verification method will not be allowed to be submitted for payment.
- Visits completed in the Provider Portal will not be allowed to be submitted for payment.
- If there are issues with the mobile application, IVR is an approved location capture verification method as long as a request for IVR has been approved by the State.
- If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.

FAQs

Manual Claims Edit

Q3: Define Manual Entry?



FAQs

Manual Claims Edit

A3: Visits where the provider did not follow established visit verification requirements, such as entering a claim into the portal without a verified visit.

FAQs

Manual Claims Edit

Q4: What if a manual entry is needed? Will providers/agencies still get paid?



FAQs

Manual Claims Edit

A4: In the event a provider is experiencing technical difficulties and is unable to perform the visit using GPS or an alternative IVR method, the provider should document this through contacting Netsmart and requesting a technical ticket be opened. The provider can then contact DHHS, with a Netsmart ticket, and request consideration to override EVV requirements associated with any applicable visits and claims.

FAQs

Signature Requirements

Q1: Are all PAS and waiver service providers required to capture the client's signature?



FAQs

Signature Requirements

A1: Client signatures are required, effective 8/14/2024.

- The valid "Who is Signing" options include the following: Recipient, Personal Representative, Authorized Guardian, Rubber Stamp, Physically Unable to Sign.
- If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.

FAQs

Signature Requirements

Q2: I am a Personal Representative or Authorized Guardian for the recipient as well as the caregiver. Can I sign for the recipient for the provided services?



FAQs

Signature Requirements

A2: Client signatures are required, effective 8/14/2024. Due to conflict of interest the following rules apply:

- Client is a minor:
 - Authorized Guardian will need to sign.
 - If Authorized Guardian is not present, Caregiver can select “Physically Unable to Sign”
- Client is Physically Unable to Sign
 - A Personal Representative is necessary to sign for the Client
- Personal Representative/Authorized Guardian as Caregiver (dual role)
 - DD and FSW Waiver services do not allow for Personal Representatives or Authorized Guardians to be paid providers.
 - AD – TBI Waiver services guidelines are under review.
 - For PAS services, if a court has found that the client is not legally competent, the court will appoint a guardian. In that case, the client does not have authority to sign documents, but the guardian has authority to sign documents for the client. However, please remember that a provider who is also the guardian cannot validate their own timesheets. A guardian cannot delegate authority to anyone else. In this situation, only the court can designate someone other than the guardian to validate timesheets.
 - Please seek your own legal counsel to address your own individual situation.
 - Personal Representative/Authorized Guardian is not present to sign – Please use Physically Unable to Sign.

FAQs

Signature Requirements

Q3: My recipient is physically unable to sign to verify services completed. What should I do in this situation?



FAQs

Signature Requirements

A3: Client signatures are required, effective 8/14/2024.

- The valid "Who is Signing" options include the following: Recipient, Personal Representative, Authorized Guardian, Rubber Stamp, Physically Unable to Sign.
- If the recipient is medically unable to sign, use the "Physically Unable to Sign" selection from the drop-down menu. If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.

FAQs

Signature Requirements

Q4: How are Providers able to ensure that signatures are being captured



FAQs

Signature Requirements

A4: Signatures are captured on the Visit Screen in the MCG+ Mobile Application.

If you are using an Alternate EVV Vendor, please work with them to address your concerns. The EVV Visits must meet the State's requirements on 8/14/2024.

FAQs

Signature Requirements

Q5: Who signs when logging out of visit?



FAQs

Signature Requirements

A5: The provider signs attesting to completing the service and the client signs verifying that the services were rendered during the visit. This is a protection for the client, as there have been instances where the client refuses to sign because the provider did not perform the services.

If you are using Therap Once you clock out on the mobile app, you will then be able to click on the "verify" listed at the bottom. When you click on "Verify", select signature to have the approved signer sign their name.

FAQs

Missing Authorizations

Q1: Sometimes the authorization is not in the system for us to schedule visits against. What do we do in this situation?



FAQs

Missing Authorizations

A1: Proper planning is required prior to a visit being conducted. Please review your service authorizations in advance of the visit to ensure you have proper authorization for services.

If this does not resolve your issue, please contact Netsmart Customer Service at 1-833-483-5587. You may also create a ticket using [Netsmart CONNECT](#) . Please follow this link to the [Netsmart Triage Guide](#) for trouble shooting guidelines.

FAQs

Appeals Process

Q1: What will the appeals process be if we feel a valid visit has been rejected? Such as an emergency situation that prevented the caregiver from starting or ending the visit at the scheduled time and location.

FAQs

Appeals Process

A1: The appeals process will remain the same as it is today. We will review the documentation submitted to the appeals mailbox for approval or denial of the claim. Please remember to attach all supporting documentation.

FAQs

Appeals Process

Q2: Some parents understanding is that they won't be able to appeal any time/ location discrepancies. I see in the FAQ that doesn't seem accurate. Question 13: What will the appeals process be if we feel a valid visit has been rejected? Answer 13: The appeals process will remain the same. This circles back to the bullet point above about getting paid for the whole shift.

FAQs

Appeals Process

A2: These changes do not impact or restrict any individual from filing an appeal, and the established appeal process will be followed.



FAQs

Town Hall: Wednesday 7/24/2024

Q1: Why was there no Q & A at Wednesday's town hall?



FAQs

Town Hall: Wednesday 7/24/2024

A1: Unfortunately, a technical difficulty prevented DHHS and the vendor from being able to turn on the Q/A chat function and unmuting town hall participants to take questions at the town hall. This issue is being corrected and the department has scheduled a follow-up forum in addition to the previously announced town halls to provide an opportunity for important stakeholder interaction, and questions. That town hall is scheduled for July 30 at 4:00.

DHHS apologizes for the technical issue and is looking forward to working with stakeholders to ensure all issues and concerns are addressed and considered in the FAQ and upcoming town halls.



FAQs

Consulting Advocacy Groups

Q1: Were any Disability Advocacy Groups – independent of DHHS– included in the discussion about the changes before they were made?



FAQs

Consulting Advocacy Groups

A1: No, DHHS would note that the changes being made are not implementing new requirements, but rather enforcing requirements that were not being followed by providers and the solution in place was not enforcing, despite the requirements being established and intended at the start of EVV, which was implemented in 2021. These requirements will ensure our participants are receiving the services in order for them to remain healthy and safe.

FAQs

CMS Regulations

Q1: CMS does not require GPS being used in the EVV process: EVV FAQ ([medicaid.gov](https://www.medicaid.gov))...Is DHHS open to taking a look at the differences between parent caregivers and employees... and potentially consider adjustments?

FAQs

CMS Regulations

A1: DHHS has pasted the entirety of the reference noted in your question below, (page 5 from the FAQ guidance document linked in your question) for context. CMS clearly states that services starting or stopping in the individual's home are subject to EVV requirements, and capturing the location where the service starts and stops is sufficient, which is what Nebraska's requirements entail. We do allow for providers to use the alternative method of the IVR, also noted in this question and answer pasted below. As noted previously, these changes are not implementing new requirements, but rather enforcing established requirements that were not being followed. DHHS always welcomes stakeholder feedback and takes that into consideration for program improvement over time.

15. Q: How can EVV be implemented in ways that minimize privacy concerns, particularly around the need to capture location information through the EVV system? A: The Cures Act does not require states to capture each location as the individual is moving throughout the community. Services either starting or stopping in the individual's home are subject to EVV requirements, and capturing the location in which the service is started and stopped is sufficient for meeting the minimum requirements specified in the Cures Act. CMS notes that states may choose to require more information as a factor to control for fraud, waste, and abuse. State Medicaid Agencies have a good deal of discretion in selecting the EVV system(s) that will most effectively meet their needs. CMS also notes that there is no requirement to use global positioning services (GPS), but it is one approach for implementation of the EVV requirements. A common alternative to GPS is Interactive Voice Response, which requires the caregiver to check-in and out using a landline or cellular device located at the individual's home.

Future Town Halls

- DHHS apologizes for the technical difficulties experienced on the 7/24/2024 Town Hall that resulted in there not being an opportunity take questions and provide responses.
- DHHS will be taking extra steps to make sure that the two remaining scheduled Town Halls on August 14 and August 20 will have the capability to have Q&A. Reminder: These will include system demonstration/walkthrough of the changes.
- DHHS welcomes feedback from our Stakeholders on any suggestions that you have to make these Town Halls most valuable to you, please submit that feedback to DHHS.MedicaidFA-EVV@nebraska.gov.

Resources and Support

- Please submit all policy related questions to: DHHS.MedicaidFA-EVV@Nebraska.gov.
- Please see the link for updates on the August 14, 2024, EVV Changes: <https://mobilecaregiverplus.com/ne-dhhs-training-recordings/>.
- Please subscribe to the NE DHHS webpages to stay up to date on the latest EVV information and FAQs updates.
 - <https://dhhs.ne.gov/Pages/Therap-Electronic-Visit-Verification.aspx>
 - <https://dhhs.ne.gov/Pages/Electronic-Visit-Verification.aspx>

Resources and Support

- Please follow this link to the [Netsmart Triage Guide](#) for trouble shooting guidelines.
- For Netsmart EVV solution questions
 - [Netsmart CONNECT](#)
 - 1-833-483-5587 – follow prompts to select Nebraska
- Video Tutorials:
<https://mobilecaregiverplus.com/training-resources/video-tutorials/>
- Training Webinars:
<https://mobilecaregiverplus.com/training/>
- User Guides:
<https://mobilecaregiverplus.com/training-resources/user-guides/>
- Quick Reference Guides:
<https://mobilecaregiverplus.com/faq-quick-reference-guide/>

Live Chat for Q&A

- Please submit your questions in the meeting Chat Box. Be sure to include the program and services you are inquiring about.
- Please specify the program type or services when posting your questions.
- Our moderator will monitor the Chat Box.
- Our DHHS Team will be available to respond accordingly.
- If you have additional questions, please submit them to DHHS.MedicaidFA-EVV@nebraska.gov.

Governor Jim Pillen

Vision:

Grow Nebraska

Mission:

Create opportunity through more effective, more efficient, and customer focused state government

Priorities:

- Efficiency and Effectiveness
- Customer Service
- Growth
- Public Safety
- Reduced Regulatory Burden

We Value:

- The Taxpayer
- Our Team
- Simplicity
- Transparency
- Accountability
- Integrity
- Respect