



Washington State
Department of Social
& Health Services

Transforming lives

Electronic Visit Verification

Business Requirements Document

Version 1.0

Electronic Visit Verification

Overall Acceptance Sign Off

I/We, the undersigned, have validated and accept as final, the Electronic Visit Verification Business Requirements and Technical Specifications Document (BRD).

Approver	Date	Method
Marilee Fosbre, DSHS/AL TSA - Office of the Assistant Secretary, CDE Project Director	10/15/18	Email to PM.
Bea Rector, DSHS/AL TSA – HCS Director	10/15/18	Implied acceptance per verbal communication w/PM.
Beth Krehbiel, DSHS/DDA – Acting Office Chief	10/12/18	Email to PM.
Cathie Ott, HCS – Asst. Director for ProviderOne Operations and Services	10/15/18	Email to PM.

Revision History

Version	Revision Date	Section	Summary of Changes	Initials
0.6	9/25/2018		Draft incorporating internal review feedback.	ANS
0.7	10/1/2018	5	Added clarifying language to bullet point related to the potential for undocumented data manipulation per HCA request.	ANS
0.7	10/1/2018	7.1 8 10 12(13)	Added new desirable requirement for EVV Solution; added ProviderOne system areas to requirements; noted New Freedom specific service code; corrected section number and column header.	ANS
0.8	10/01/2018		Initial draft version for sponsor and external stakeholder review; published on project web site.	ANS
0.9	10/12/2018	3 4 5 11	Added Objectives section. Added minor reference to CDE Added minor reference to CDE Updated Individual Provider taxonomies to CDE taxonomies	ANS
1.0	10/22/2018	Docu- ment; 8.1	Overall Acceptance and Sign-Off updated; first non-draft version published Added functional requirement for Daylight Savings Time.	ANS

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1 Overview

The 21st Century Cures Act (CURES), section 12006, mandates that states require the use of Electronic Visit Verification (EVV) for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS). The Act defines EVV as “a system under which visits conducted as part of such [PCS and HHCS] services are electronically verified with respect to (i) the type of service performed; (ii) the individual receiving the service; (iii) the date of the service; (iv) the location of service delivery; (v) the individual providing the service; and (vi) the time the service begins and ends.”

This legislation was enacted December 13, 2016 to help ensure that Medicaid beneficiaries actually receive the services they are authorized. States failing to implement an EVV compliant solution by January 1, 2019 for PCS and January 1, 2023 for HHCS are subject to an escalating FMAP reduction. National concern over the significant impact of this legislation prompted the passing of Public Law 115-222 on July 31, 2018, which delays mandatory EVV compliance for Personal Care Services until January 1, 2020.

CMS Informational Bulletin CIB051618 was issued on May 16, 2018 in response to national concern over the ambiguity of the EVV requirements outlined in the CURES Act and overwhelming requests for additional guidance on how to meet those requirements. This bulletin outlined the prevalent EVV model pros and cons, along with promising practices and strategies for selecting, implementing, and operationalizing an EVV solution.

CMS also confirmed Supported Living was not subject to EVV in a July 23, 2018 email to DSHS.

2 Purpose

This document is to serve as a consolidated requirements and standards guide for the implementation of EVV solutions by DSHS contracted Agency Providers in WA State in accordance with the CURES ACT and CMS guidance. It encompasses:

- EVV Requirements set forth in the CURES Act, section 12006.
- EVV Solution requirements that include state level DSHS requirements to facilitate and potentially demonstrate EVV compliance as needed.
- Functional (technical) requirements for ProviderOne.
- EVV system edits for Social Services claims processing.
- ProviderOne Service Code Taxonomies for EVV
- Standardized EVV system Manual Entry/Adjustment/Exceptions Reason Codes

The intent is that various entities interacting with DSHS, with regard to EVV, will make use of the EVV requirements section(s) that are applicable to their purpose or need.

3 Objectives

3.1 Immediate

- Establish an EVV Solution framework for Washington State.
- Assist state contracted home care agencies providing Medicaid-funded PCS in achieving EVV compliance by January 1, 2020.

3.2 Long-Term

EVV compliance for the future Consumer Directed Employer of individual providers. (<https://www.dshs.wa.gov/altsa/stakeholders/consumer-directed-employer>)

3.3 Out of Scope

Medicaid-funded Home Health Care Services. Health Care Authority will establish EVV compliance guidelines for HHCS providers.

4 Current Business Process

DSHS (or Washington State) has required the use of Electronic Time Keeping (ETK) for in-home personal care or respite services provided by a home care agency under RCW Chapter 74.39A since 2009; and, in 2014, 74.39A.325 § 2 was modified to specify that ‘... “electronic timekeeping” means an electronic, verifiable method of recording an employee's presence with the client at the beginning and end of the employee's client visit shift.’

The Area Agencies on Aging (AAA) contract with home care agencies to provide personal care services to Medicaid clients. A home care statement of work which includes electronic time keeping is negotiated with AAAs, DDA, ALTA, and home care agencies. The home care statement of work is then incorporated into AAA contracts with home care agencies across the state.

At present, contracted home care agencies (46 at this time) in Washington State have varying ETK systems in place; and, through stakeholdering efforts some have indicated their systems already meet federal requirements. These Agency Providers also currently submit several of the federally required EVV data elements to the State’s MMIS, ProviderOne, for social services claims processing.

Individual providers contracted with DSHS for consumer directed in home personal care or respite services are not covered under the ETK statute, and will be transitioned to a Consumer Directed Employer in 2020.

5 DSHS Implementation Strategy

The CURES Act gives States the flexibility to implement an EVV solution that takes into account existing best practices, electronic visit verification systems already in use in the State, and the ability to implement their own EVV quality control measures.

CMCS Informational Bulletin 051618 informs that for the Provider Choice Model:

- *“... providers select their EVV vendor of choice and self-fund EVV implementation. States set requirements and standards for EVV vendors, including specific data collection requirements.”*
- *“..having a consistent and streamlined set of requirements will help the state better control and monitor the systems being used throughout the state, and thus help the state comply with its obligations under section 1903(l).”*
- *“... Providers should be monitored and held accountable for exceptions to the data that must be recorded and reported under section 1903(l) (e.g., missing or invalid*

check-in/out data that must be manually cleared in order to confirm a visit) in the EVV system.”

- *“States utilizing one of the three “choice” models for EVV (provider, MCP, or open), which rely on agencies and providers to use their own EVV systems, should ensure that data from these systems can be used by the state’s Medicaid systems in order to provide oversight to detect for fraud, waste and abuse. At a minimum, states using a choice model will need to develop a data aggregation solution to collect and consolidate data from different EVV systems. Ideally, all EVV systems in use in a state would be fully integrated with state Medicaid systems.”*

Taking the afore-mentioned guidelines and current business process into consideration, DSHS- Aging and Long-Term Support (AL TSA) and Developmental Disabilities (DDA) administrations have identified the following strategy to meet the CURES Act requirements:

- The Provider Choice model
 - a. best fits the State’s ability to expand on its existing ETK practices;
 - b. allows Agency Providers to continue using their existing ETK/EVV system or other system of choice, provided the system meets both Federal and state level EVV requirements; and
 - c. is the preferred option based on stakeholder feedback.
- State level quality control measures will be included with federal EVV requirements to facility improved program integrity, and ability to meet state level audit and reporting requirements.
- Federal EVV data and state level quality control data will be integrated into the State MMIS through the ProviderOne social services claims process. This solution serves as a form of data aggregation with system edits to aide in the detection of fraud, waste, and abuse.
- ProviderOne social services claims edits, for specified service code taxonomies, will initially be set to “Pay and Report” for a period of time (to be determined) during which contracted Agency Providers should transition to becoming EVV compliant.
- Additional state funding will be requested to aide contracted Agency Providers in operationalizing an EVV compliant solution since the Provider Choice model stipulates providers self-fund their EVV solution.
- The CDE will implement an EVV solution for Individual Providers (IPs).
- Stakeholder communication/sessions include Area Agencies on Aging (AAA), Washington Association of Area Agencies on Aging (W4A), contracted Home Care Agencies, WA Home Care Association (WAHCA), Home Care Association of WA (HCAW), Home Care Agency Coalition, Service Employees International Union (SEIU) 775, Tribal Government, AL TSA & DDA Core Project Team and Sponsors, CDE Project Staff, WA State Legislative/Budget Staff.

- CDE specific stakeholding also includes American Association of Retired Persons, ARC of WA, Developmental Disabilities Council, Disability Rights Washington, Family Caregivers, Individual Providers, PASPort, Self-Advocates in Leadership (SAIL), State Council on Aging, Washington Federation of State Employees (WFSE)

6 Assumptions/Constraints

- Additional funding for Agency Providers to become EVV compliant is dependent on state legislative approval and may be unavailable in a timely manner to help offset implementation costs.
- Small Agency Providers may be unable to self-fund a compliant EVV solution or have sufficient staff for daily operations of the system.
- EVV solutions may have limited ability to automate the transformation of data electronically captured at time of service into the format necessary for ProviderOne claims processing.
- Agency Providers may continue submitting social service claims with EVV data via authorized ProviderOne online billing and data file upload methods. The potential exists for undocumented differences between a provider's EVV system data and ProviderOne billing data due to manual data entry errors, claim adjustments made in ProviderOne but not reflected in the provider's EVV system, differing methods of preparing EVV system data for ProviderOne file upload, and so forth.
- The State/DSHS may be limited in its ability to access source data maintained in Agency Providers' EVV systems.

7 “21st Century Cures Act”, SEC. 12006, Requirements

7.1 Implementation Requirements

7.1.1	A State shall consult with agencies and entities that provide personal care services, home health care services, or both under the State plan (or under a waiver of the plan) to ensure that such system: a) is minimally burdensome; b) takes into account existing best practices and electronic visit verification systems in use in the State; and c) is conducted in accordance with the requirements of HIPAA privacy and security law (as defined in section 3009 of the Public Health Service Act).
7.1.2	A State shall take into account a stakeholder process that includes input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders, as determined by the State in accordance with guidance from the Secretary.
7.1.3	A State shall ensure that individuals who furnish personal care services, home health care services, or both under the State plan (or under a waiver of the plan) are provided the opportunity for training on the use of such system.
7.1.4	A State may require personal care service and home health care service providers to utilize an electronic visit verification system operated by the State or a contractor on behalf of the State.
7.1.5	A State may require personal care service and home health care service providers to utilize an electronic visit verification system that is not operated by the State or a contractor on behalf of the State.
7.1.6	A State may establish requirements related to quality measures for electronic visit verification.

7.2 System Requirements

7.2.1	The term 'electronic visit verification system' means, with respect to personal care services or home health care services, a system under which visits conducted as part of such services are electronically verified with respect to- 1. Type of service performed 2. Individual receiving service 3. Date of service 4. Location of service delivery 5. Individual providing service 6. Time the service begins and ends
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8 EVV Solution Requirements

For Contracted Agency Providers' EVV solutions

8.1 Functional Requirements

Req ID	EVV Functional Requirement
EVV-FR-1	The EVV solution must electronically capture and verify the Client's identity either by the client's personal telephone, a unique number assigned to the client, or through alternative technology.
EVV-FR-2	The EVV solution shall electronically capture and verify the Servicing Provider's identity either by personal telephone, a unique number assigned to the Servicing Provider, or through alternative technology.
EVV-FR-3	The EVV solution shall electronically capture and verify the Type of Service ("Service Code (+ modifier if applicable)") performed.
EVV-FR-4	The EVV solution shall electronically capture and verify the exact Date of Service.
EVV-FR-5	The EVV solution shall electronically capture and verify the exact Time at which the Service begins.
EVV-FR-6	The EVV solution shall electronically capture and verify the exact Time at which the Service ends.
EVV-FR-7	The EVV solution shall electronically capture the Geographical Location at which the Service begins, both inside the Client's home and when out in the community.
EVV-FR-8	The EVV solution shall electronically capture the Geographical Location at which the Service ends, both inside the Client's home and when out in the community.
EVV-FR-9	The EVV solution shall electronically capture and document the proximity of the Client to the Servicing Provider at the time service starts.
EVV-FR-10	The EVV solution shall electronically capture and document the proximity of the Client to the Servicing Provider at the time service ends.
EVV-FR-11	The EVV solution shall electronically capture and document Client Verification, by the individual recipient or authorized representative, of personal care visit time and services delivered.
EVV-FR-12	<p>The EVV solution shall utilize one (1) or more of the following to capture Client-Servicing Provider proximity:</p> <ul style="list-style-type: none"> (A) The participant's personal landline or personal cellular phone; (B) Location technologies including Near Field Communication (NFC), Global Position System (GPS), and Bluetooth Low Energy (BLE); (C) An affixed electronic device at the participant's location; (D) A biometric verification system which utilizes voice pattern identifications; or (E) Alternative technology which meets the mandatory requirements.

Req ID	EVV Functional Requirement
EVV-FR-13	The EVV solution shall be able to accommodate more than one (1) Client in the same home or other location of service.
EVV-FR-14	The EVV solution shall be able to accommodate more than one (1) Servicing Provider in the same home or other location of service.
EVV-FR-15	The EVV solution shall be able to capture and document type of service, date of service, start and end time of service, geographical location at start and end of service, proximity indicator at start and end of service, client verification, and servicing provider for each Client in a multi-Client home or other location of service.
EVV-FR-16	The EVV solution should be able to capture and document personal care services for any day of the week, for one or more work periods per day, and for work periods that extend from one day into the next (without exceeding authorized service hours).
EVV-FR-17	The EVV solution should be capable of capturing personal care services provided at the task level.
EVV-FR-18	The EVV solution shall support changes in a Client's authorizations which are approved by the Washington State Department of Social and Health Services.
EVV-FR-19	The EVV solution shall allow for the addition of services in a Client's authorizations which are approved by the Washington State Department of Social and Health Services.
EVV-FR-20	The EVV solution shall be able to collect the required personal care services data elements in (rural) areas where technology infrastructure may be limited or unavailable (in both permanent and temporary situations).
EVV-FR-21	The EVV solution should be capable of storing personal care services data on a local device when technology infrastructure is not available; or provide an acceptable alternate solution.
EVV-FR-22	The EVV solution should be capable of uploading locally stored data once technology infrastructure is available; or provide an acceptable alternate solution.
EVV-FR-23	The EVV solution shall distinguish electronically captured data from manually entered, modified, or adjusted data.
EVV-FR-24	The EVV solution shall require documented justification for all manual data entries.
EVV-FR-25	The EVV solution shall require documented justification for all modifications, adjustments, or exceptions made to electronically captured data after the electronic data is captured.
EVV-FR-26	The EVV solution shall have the ability to implement a standardized set of codes to document manual data entries, and adjustments and exceptions to electronically captured data; for example: when the Servicing Provider forgot to log in, or when technology is unavailable in rural areas and the EVV solution is not capable of storing

Req ID	EVV Functional Requirement
	the data on a local device for later upload. The standardized codes shall be maintained in a configurable table, see sample in Appendix B.
EVV-FR-27	The EVV solution must be capable of retrieving current and archived data to produce reports of types of service, dates of service, start and end times of service, geographical locations for start and at end of service, proximity indicator for start and end of service, client verification, and servicing provider in summary fashion that constitute adequate documentation of services delivered. Any report shall include an explanation of codes utilized by the provider/vendor (e.g., 1019 – Personal Care) and include the Home Care Agency and EVV Vendor's identity by either name and/or National Provider Identifier (NPI).
EVV-FR-28	The EVV solution shall maintain reliable backup and recovery processes that ensure that all data is preserved in the event of a system malfunction or disaster situation.
EVV-FR-29	The EVV solution shall retain all data regarding the delivery of services for a minimum of six (6) years.
EVV-FR-30	The EVV solution should be capable of electronically generating and submitting a data file for upload to the ProviderOne system that contains the data elements required for claims processing and is formatted according to ProviderOne social services claims specifications.
EVV-FR-31	The EVV solution shall have the ability to respond to State or Federal audit requests for records or documentation within the timeframe provided by the requestor to provide such records or documentation in the format requested by the auditing entity.
EVV-FR-32	The EVV solution shall be capable of providing geographical location data as decimal degrees (DD) for ProviderOne social services claims processing.
EVV-FR-33	The EVV solution shall be capable of providing location of service in decimal degrees with 5 digits to the right of the decimal when service begins or ends in a Client's home for ProviderOne social services claims processing.
EVV-FR-34	The EVV solution shall be capable of providing location of service in decimal degrees with 3 digits to the right of the decimal when service begins or ends in a community setting outside a Client's home for ProviderOne social services claims processing.
EVV-FR-35	<p>The EVV solution shall be capable of providing the following as separate data fields for each ProviderOne social services claim line:</p> <ul style="list-style-type: none"> a) Type of Service (“Service Code (+ modifier if applicable)”) b) Client's DSHS ProviderOne Client ID c) Date of Service d) Servicing Provider's ProviderOne Domain and Location e) Time service starts f) Geolocation where service starts

Req ID	EVV Functional Requirement
	g) Client-Servicing Provider Proximity Indicator when Service Starts h) Time Service Ends i) Geolocation where Service Ends j) Client-Servicing Provider Proximity Indicator when Service Ends k) Client Verification Indicator of services received when Service Ends l) Units of Service claimed
EVV-FR-36	The EVV Solution must meet the requirements of HIPAA privacy and security law (as defined in section 3009 of the Public Health Service Act).
EVV-FR-37	The EVV Solution should be capable of capturing and documenting Activities of Daily Living (ADL) and Instrumental Activities of daily living (IADL) at the task level.
EVV-FR-38	The EVV Solution should be capable of accurately capturing the correct number of hours worked for shifts that occur during the start of Daylight Savings Time or during the end of Daylight Savings Time.

8.2 Non-Functional Requirements

Req ID	EVV Non-Functional Requirement
EVV-NFR-1	The EVV solution must comply with 21st Century Cures Act.
EVV-NFR-2	The EVV solution must comply with additional State-regulations.
EVV-NFR-3	Home Care Agency Staff and Servicing Providers must be trained in HIPAA compliance and protecting EVV PHI data.
EVV-NFR-4	EVV software vendor staff must be trained in HIPAA compliance and protecting EVV PHI data.
EVV-NFR-5	The EVV solution should be user friendly with basic literacy levels.
EVV-NFR-6	The EVV solution should be accessible to users with disabilities.
EVV-NFR-7	All Home Care Agency staff who provide DSHS Clients with authorized Medicaid personal care services must be enrolled as a Servicing Provider in ProviderOne and have an assigned ProviderOne ID.
EVV-NFR-8	A Servicing Provider who provides DSHS Clients with authorized Medicaid personal care services through more than one Home Care Agency must be enrolled in ProviderOne by each Home Care Agency they work for.
EVV-NFR-9	EVV Vendor shall provide options for electronically capturing EVV data when landline or technology infrastructure is not available, such as: <ul style="list-style-type: none"> - Servicing providers use their own device; - Store and forward devices."

Req ID	EVV Non-Functional Requirement
EVV-NFR-10	Home Care Agencies may use their EVV solution to capture and document tasks completed.
EVV-NFR-11	Home Care Agencies may use their EVV solution for time keeping.
EVV-NFR-12	Home Care Agencies may use their EVV solution for processing payroll.
EVV-NFR-13	Home Care Agencies must electronically report client verification of tasks provided and received, regardless of whether tasks captured electronically or on paper.

9 ProviderOne Change Request EVV Requirements

ALTSA and DDA, in collaboration with HCA, identified the changes necessary for the ProviderOne system to capture EVV data for social services claims submitted by contracted Agency Providers.

Req ID	EVV ProviderOne Requirement
<i>System Area: Provider</i>	
EVV-CR-a	Ability to create a new social service 'servicing only' service type.
EVV-CR-b	Ability to see history to include changes to servicing type.
EVV-CR-c	Ability to display the billing provider show menu steps when there is a change in Servicing Type.
EVV-CR-d	Ability to have state staff and providers to create 'Social Service Servicing only' records and associate them to a 1099 domain/billing provider.
EVV-CR-e	Ability to have 'Social Service Servicing only' records to auto approve upon record creation.
<i>System Area: Claims</i>	
EVV-CR-f	Ability to have the system to receive and store non-medical Servicing Provider ID Location on Social Service Claim line.
EVV-CR-g	Ability to have the system to receive and store claims by date with Start Time and End Time for non-medical Service Provider ID Locations on Social Service Claim Lines.
EVV-CR-h	Ability to have the system to receive and store geo-data associated to the claim line Start Time and the claim line End Time on the Social Service Claim Lines.
EVV-CR-i	Ability to have the system to calculate the hours, minutes, and seconds between distinct "Start Time" and "End Time" associated to non-medical Servicing Provider ID Locations on Social Service Claim Lines.
EVV-CR-j	Ability to have the system to receive and store Client Verification yes/no indicator associated to "End Time" on claim lines.
EVV-CR-k	Ability to have all EVV data elements to be submitted via the current social services billing methods.
EVV-CR-l	Ability to have the system to receive and store Client-Provider Proximity yes/no indicator associated to "Start Time" and to "End Time" on claim lines.
<i>System Area: ODS/ADW (Data Warehouse)</i>	
EVV-CR-m	Load all EVV data.
<i>System Area: Rules Engine</i>	

Req ID	EVV ProviderOne Requirement
EVV-CR-n	Load all EVV data elements for claims adjudication.
EVV-CR-o	Check association of submitted Servicing Provider ID to Billing Provider ID.
EVV-CR-p	Create claim edit to bypass derivation of social service, servicing only taxonomy.

10 ProviderOne Knowledge Transfer for EVV

ProviderOne system edits are managed by Health Care Authority’s Office of Medicaid Systems and Data (OMSD) through a process known as Knowledge Transfer (KT). This process follows the same release schedule as change requests for ProviderOne, the latter managed by CNSI.

System edits already exist in the ProviderOne claims adjudication process that ensure several of the EVV data points are present on social services claims:

- Type of service performed
- Individual receiving service
- Date of service

Additional ProviderOne system edits are necessary to verify the presence and validity of the newly required EVV data points as well as the data quality measures required by DSHS on social services claims. OMSD is responsible for creating the following new ProviderOne edits concurrent with the EVV change request release cycle:

- Location of service delivery at beginning and end of service
- Individual providing service
- Time the service begins and ends
- Client-Provider Proximity Indicator at beginning and end of service
- Client Verification Indicator

These EVV System Edits apply to claims submitted for both ALTSA (ADSA-H) and DDA (ADSA-D) clients, and will initially be set as ‘Pay and Report’.

KT ID	EVV - KT System Edit
EVV-KT-1	Claimed Units exceed span between Start Time and End Time (converted value of Equivalent Units OF)
EVV-KT-2	Client Verification Indicator on claim line is “No” or NULL
EVV-KT-3	Start Time on claim line is NULL.
EVV-KT-4	Start Time on claim line is greater than End Time.
EVV-KT-5	End Time on claim line is NULL.
EVV-KT-6	Geo-location associated to Start Time on claim line is NULL.
EVV-KT-7	Geo-location associated to End Time on claim line is NULL.
EVV-KT-8	Client-Provider Proximity Indicator associated to Start Time on claim line is NULL.
EVV-KT-9	Client-Provider Proximity Indicator associated to End Time on claim line is NULL.

KT ID	EVV - KT System Edit
EVV-KT-10	Geo-location associated to Start Time on claim line has less than three digits to the right of the decimal or is incorrectly formatted.
EVV-KT-11	Geo-location associated to End Time on claim line has less than three digits to the right of the decimal or is incorrectly formatted.
EVV-KT-12	Start Time on claim line is incorrectly formatted.
EVV-KT-13	End Time on claim line is incorrectly formatted.
EVV-KT-14	Servicing Provider on claim line is NULL.
EVV-KT-15	Servicing Provider on claim line is invalid.
EVV-KT-16	Claimed units (across all claim lines) for this Servicing Provider exceed 24 hours for this date of service.

11 ProviderOne Service Code Taxonomies for EVV

ProviderOne maintains Service Code Taxonomies that define Type of Service and to whom those services apply. EVV requirements apply to the following Home Care Agency and future CDE, Service Code Taxonomies used for processing ALTSA (ADSA-H) and/or DDA (ADSA-D) social service claims.

P1 Service Code	Modifier	ADSA Code Name	ADSA Provider Type	Taxonomy
SA396	-	Bath Aide		
T1005	-	Respite	Home Care Agency	253Z00000X
T1005	-	Respite	Respite Home Care Agency	253Z0000RL
T1005	-	Respite	Consumer Directed Employer	253Z00CDEL
T1005	-	Respite		
T1019	-	Personal Care In-Home	Home Care Agency	253Z00000X
T1019	-	Personal Care In-Home	Consumer Directed Employer	253Z00CDEL
T1019	-	Personal Care In-Home		
T1019	HQ	Personal Care - Cluster Care	Home Care Agency	253Z00000X
T1019	U1	Personal Care Addl Budget (New Freedom specific)	Home Care Agency	253Z00000X
T1019	U2	Relief Care	Home Care Agency	253Z00000X
T1019	U2	Relief Care	Consumer Directed Employer	253Z00CDEL
T1019	U3	Skills Acquisition Monthly Limit	Home Care Agency	253Z00000X
T1019	U3	Skills Acquisition Monthly Limit	Consumer Directed Employer	253Z00CDEL
T1019	U4	Skills Acquisition Annual Limit	Home Care Agency	253Z00000X
T1019	U4	Skills Acquisition Annual Limit	Consumer Directed Employer	253Z00CDEL

Appendix A: Glossary

Term	Description
AAA	Area Agency on Aging
ALTSA	Aging and Long-Term Support Administration (DSHS)
CDE	Consumer Directed Employer
CMS	Centers for Medicare & Medicaid Services
CMCS	Center for Medicaid and CHIP Services
DDA	Developmental Disabilities Administration (DSHS)
DSHS	Department of Social and Health Services
EVV	Electronic Visit Verification
ETK	Electronic Time Keeping
FMAP	Federal Medical Assistance Percentage
HHCS	Home Health Care Services
MMIS	Medicaid Management Information System
OMSD	Office of Medicaid Systems and Data
PCS	Personal Care Services
ProviderOne	Washington State's MMIS
RCW	Revised Code of Washington
WAC	Washington Administrative Code

Appendix B: Manual Entry/Adjustment/Exceptions Reason Codes

Provider Choice EVV systems should, at minimum, be able to capture and report the following reason codes for manual and/or adjusted EVV data as per requirement EVV-FR-26. DSHS reserves the ability to add, modify, delete, or end Manual Entry/Adjustment/Exception Reason Codes.

Exception Code	Manual Entry/Adjustment/Exception Code Description	Start Date	End Date
SPST01	Servicing provider unable/prevented from logging correct Start Time	1/1/2019	12/31/2999
SPET01	Servicing provider unable/prevented from logging correct End Time	1/1/2019	12/31/2999
SPEV01	Servicing provider unable/prevented from using EVV system	1/1/2019	12/31/2999
EVSF01	EVV system failure	1/1/2019	12/31/2999
CLSD01	Client unable/prevented from electronically verifying service delivery	1/1/2019	12/31/2999