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Washington State Electronic Visit Verification Implementation Guide for Home Care Agencies

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1. Executive Summary

Please note that this document is unofficial guidance. The intent of this Guide is to provide information to Home Care Agencies on how Electronic Visit Verification for Personal Care will be implemented in Washington. Official guidance will be released at a later date.

The [21st Century Cures Act \(Cures Act\)](#), section 12006, mandates the nationwide use of Electronic Visit Verification (EVV) for Medicaid-funded Personal Care Services (PCS) and Home Health Care Services (HHCS). This guide only addresses Home Care Agency Medicaid-funded PCS and Respite provided by a Home Care Agency and does not address Medicaid-funded HHCS. Medicaid funded PCS and Respite provided by Individual Providers will be implemented by the Consumer Directed Employer (CDE) at a later date. (See section 2 for further detail.) The Washington Health Care Authority (HCA) will establish EVV compliance guidelines for HHCS providers at a later date. The Centers for Medicare & Medicaid Services (CMS) is the federal agency tasked with overseeing nationwide implementation of EVV. The Department of Social and Health Services (DSHS) along with HCA are responsible for implementing EVV in Washington for PCS providers.

The Cures Act gives states options and flexibility on how to implement EVV. After consulting with stakeholders and client groups Washington elected to move forward with the Provider Choice model for implementing EVV. Some of the stakeholders DSHS considered include Area Agencies on Aging (AAA), Washington Association of Area Agencies on Aging (W4A), contracted Home Care Agencies, Home Care Agency Coalition, Service Employees International Union (SEIU) 775, and Office and Professional Employees International Union (OPEIU Local 8). DSHS also consulted with a number of Tribal Government partners about the implications of EVV on Native American communities.

The Provider Choice model allows providers to select their EVV vendor of choice and self-fund EVV implementation. Some providers have, or will decide to develop, their own systems for capturing EVV required data which is acceptable in Washington as long the system complies with Cures Act and State requirements. This document uses the term “EVV solution” which refers to the system that a provider either purchases from a vendor or develops in-house to comply with EVV requirements. The Provider Choice model has the following advantages:

- It best fits the State’s ability to expand on its existing Electronic Time Keeping (ETK) practices;
- It allows 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;
- It gives the State the ability to implement EVV quality control measures; and
- It was the preferred option based on stakeholder feedback.

To comply with the Cures Act, the EVV solution must capture pertinent data relating to:

- Type of service performed;

- Individual receiving service;
- Date of service;
- Location of service delivery;
- Individual providing service;
- Time the service begins and ends.

This purpose of this guide is to assist Home Care Agencies and EVV vendors in understanding the requirements to implement EVV in Washington and how the state plans to comply with the Cures Act. The requirements stated in this guide will be incorporated into Home Care Agency contracts at a later date. Specifically this document will:

- Explain Washington’s planned EVV process for Home Care Agencies;
- Provide an Overview of Washington’s plan to comply with the Cures Act;
- Document specific requirements and capabilities that EVV solutions will need to meet;
- Identify resources and state contacts for technical assistance in implementation.

2. EVV Implementation Plan

2.1. Washington's EVV process for Home Care Agencies:

To comply with Cures Act requirements, and to allow the State to conduct efficient quality assurance and program integrity activities, EVV for Home Care Agencies will include two important steps. First, required EVV data elements must be electronically verified “locally” by an EVV solution at the beginning and ending of every personal care service episode. A service episode refers to the full duration that a contracted Home care Agency provides services to a Medicaid client. It is important to note that the Cures Act only requires EVV data to be collected at the time a service begins and ends, meaning location does NOT need to be tracked during the full duration a client is receiving PCS. Additionally as allowed under CMS guidance, **DSHS is only requiring that location be verified when services begin or end in the client's home. Home Care Agencies have the option to verify location when services begin or end in the community. Home Care Agencies must still collect all other Mandatory Data Elements at the beginning and ending of service delivery even when location is not required to be verified. In cases where the community location is unverified, DSHS will require a specific geolocation be submitted into ProviderOne. (See EVV-MDE-6).**

Second, the locally collected EVV data must be uploaded, in a format specified by DSHS, to Washington's MMIS (Medicaid Management Information System, known as ProviderOne) which will act as the State's “data aggregator.” As Home Care Agencies are allowed to select their own EVV solution it means the state could potentially have to monitor, through the

State's AAA partners, numerous different types of data collection systems that present data in varying formats. By requiring that EVV data collected locally to be uploaded to ProviderOne for data aggregation DSHS will have the ability to review EVV data statewide and the data will be presented in a uniform format. This approach is consistent with CMS guidance as CMS stated in its May 16, 2018 CMCS Information Bulletin that states using a Provider Choice model will need to develop a data aggregation solution. Additionally, data aggregation is important as Medicaid rules will require monitoring of Home Care Agencies for compliance with EVV requirements. Monitoring claims at this level without the data aggregation process would be time consuming and expensive. Requiring data aggregation will allow DSHS and AAAs to develop a monitoring plan that is cost effective while providing the flexibility of allowing Home Care Agencies to select their own EVV solutions.

An important aspect of the State's data aggregation strategy is the assignment of Social Service Servicing Only Provider IDs (Servicing Provider IDs) for Home Care Aides that work as employees of Home Care Agencies. The Cures Act requires that EVV solutions electronically verify the individual providing the service. DSHS is not prescribing how an EVV solution must verify the individual who is providing services at the local level. However, when EVV data is uploaded to ProviderOne, Home Care Agencies will be required to use a Servicing Provider ID assigned to a particular worker to satisfy the “individual providing the service” data element. The reason for this

requirement is that to fully utilize aggregated EVV data, the State must be able to identify individuals providing personal care regardless if they are working as an Individual Provider, Home Care Aide, or are working for multiple Home Care Agencies. Servicing Provider IDs are assigned to a specific individual and then attached to a Medicaid Provider within ProviderOne. This means that once a person has a Servicing Provider ID assigned, DSHS will be able to see every PCS claim associated with that specific person regardless of their employer. DSHS and HCA will work with each individual Home Care Agency to assign Servicing Provider IDs to their respective Home Care Aides.

Lastly, it must be noted that the Home Care Agencies' EVV solution do not need to be packaged with their claim-submission system. A Home Care Agency may use an EVV solution to collect data and have a separate claim-submission system which receives the EVV data and bundles it into the claim submitted to ProviderOne.

2.2. Overview of Washington's plans to comply with the Cures Act:

DSHS will implement EVV for personal care services in two separate phases. Phase I will include Home Care Agencies providing PCS and Respite services to Medicaid clients, which is the topic of this guide. As DSHS was granted a one year "good faith effort" exemption, Phase I is anticipated to be completed by 2021. Phase II will include Individual Providers (IPs) providing PCS to Medicaid clients that are self-directing their PCS. EVV for IPs will be implemented by the Consumer Directed Employer (CDE). This process is anticipated to be complete sometime in 2021. See <https://www.dshs.wa.gov/altsa/stakeholders/consumer-directed-employer> for more details on the CDE.

2.2.1. Phase I: EVV implementation for Home Care Agency providers

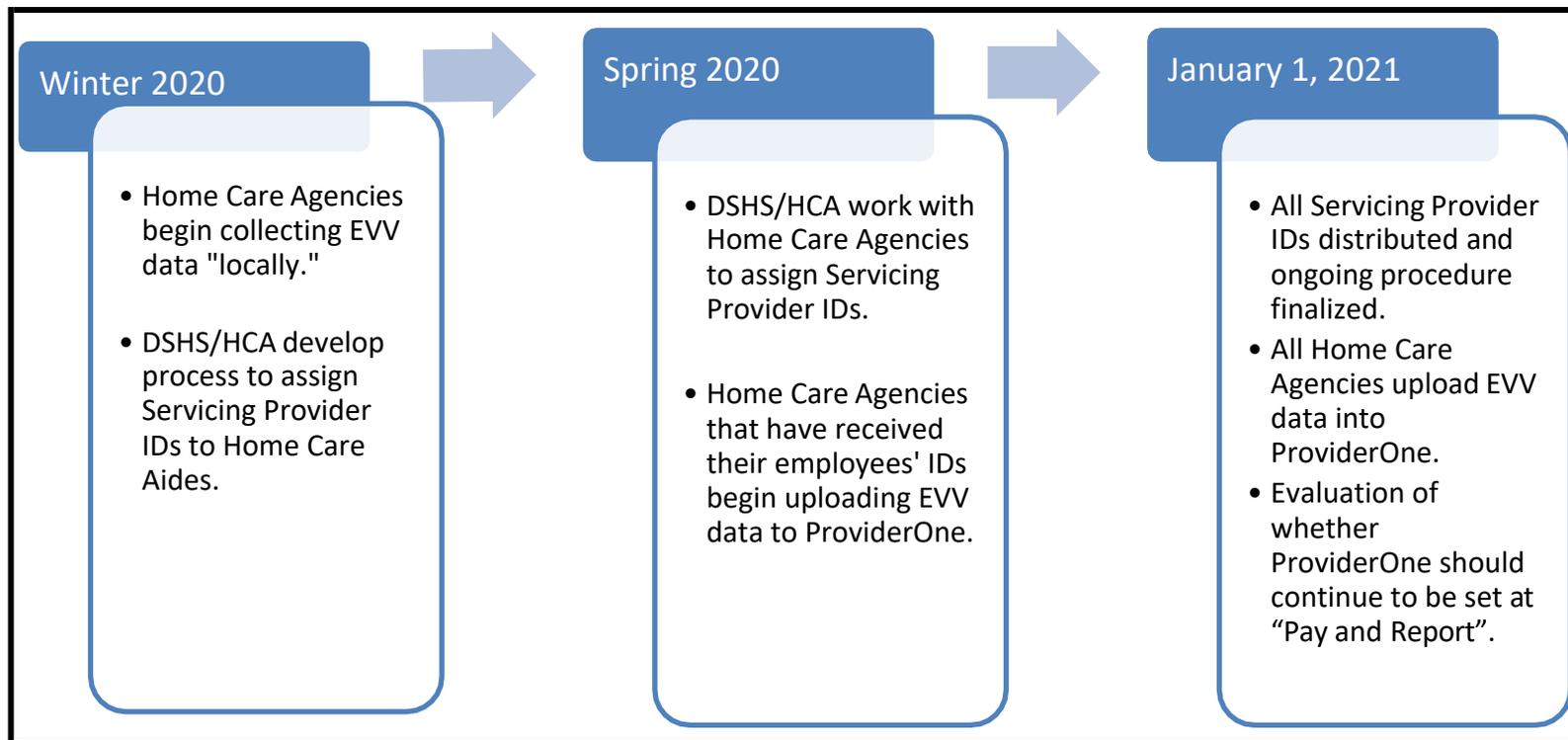
DSHS has elected to begin the implementation of EVV by focusing on Home Care Agencies because of the experience of these providers in implementing Electronic Time Keeping (ETK) systems. Currently, Washington AAAs contract with Home Care Agencies to provide PCS to Medicaid clients. A home care statement of work which includes ETK is negotiated with the state, AAAs, 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 have varying ETK systems in place. Some Home Care Agencies have indicated their ETK systems already meet federal EVV requirements. These Home Care Agencies also currently submit several of the federally required EVV data elements to the State’s MMIS, ProviderOne, for social services claims processing.

The chart below displays the current requirements for ETK and how they compare to EVV requirements:

Current Home Care Agency ETK/SOW Expectations/Requirements	Cures Act Requirements	Current ProviderOne Social Services claim submission requirements	Future ProviderOne Social Services Billing data for EVV
Home Care Agency identified	Home Care Agency identified	Provider ID	Provider ID
Type of service being provided (Personal Care or Respite)	Type of service being provided (Personal Care or Respite)	Type of service being provided (T1019; T1019, U1; T1019,U2; T1019,U3; T1019,U4; T1019,HQ; T1005)	Type of service being provided (T1019; T1019, U1; T1019,U2; T1019,U3; T1019,U4; T1019,HQ; T1005)
Client	Client	Client’s ProviderOne ID	Client’s ProviderOne ID
Authorization Number	Authorization Number is not required under the Cures Act	Authorization Number	Authorization Number
Date of Service	Date of Service	Date of Service	Date of Service
Number of units provided	Number of units is not required under the Cures Act	Number of units provided	Number of units provided

Worker providing the service to the client	Worker providing the service to the client	Not sent to P1	New: Social Service Servicing-Only Provider ID
Start and End Times of Service	Start and End Times of Service	Not sent to P1	New: Start and End Times of Service
	New: Location of the service delivery		New: Geolocation at Start and End of Service.
			New: Client-Provider Proximity Indicator (optional)
Client confirmation of tasks completed/performed at the end of each home visit.			New: Client Verification Indicator (optional)

Finally, to facilitate the efficient implementation of EVV, DSHS has broken Phase I into separate stages. Home Care Agencies will first be required to begin collecting required EVV data “locally” meaning the data will be collected by the provider’s EVV solution but not uploaded to ProviderOne. At a later date, DSHS will work with each individual Home Care Agency to assign Servicing Provider IDs to each of the Agency’s Home Care Aide staff. Once this process is complete, Home Care Agencies will then begin uploading EVV data into ProviderOne during the Claims process. ProviderOne social services claims edits will initially be set to “Pay and Report” for a period of time (to be determined) during which contracted Home Care Agency providers should transition to becoming EVV compliant. ‘Pay and Report’ means that if data in a claim is not in accordance with policy, the system will record the error but will not prevent payment from being issued. The graphic below provides a timeline for the implementation of EVV Phase I:



2.2.2. Phase II: Implementation of EVV for Self-Directing Medicaid Clients Receiving PCS from Individual Provider:

DSHS will work directly with the future CDE provider(s) to implement EVV for clients receiving self-directed PCS from Individual Providers.

3. Helpful Resources

DSHS is here to partner with Home Care Agencies to ensure the successful implementation of EVV in Washington State. If a Home Care Agency or EVV Vendor has any questions about a particular requirement included in this document, please reach out to DSHS for consultation. DSHS expects the implementation of EVV for Home Care Agencies to be a collaborative process between DSHS and its partners that may necessitate policy adjustments as new questions and challenges come up.

For technical assistance, contact:

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To read the federal regulations, see NASUAD's materials at:

<http://www.nasuad.org/hcbs-topics-other/electronic-visit-verification>

<http://www.nasuad.org/newsroom/nasuad-news/nasuad-releases-paper-electronic-visit-verification-hcbs>

For more guidance from the Centers for Medicare and Medicaid Services, go to

<https://www.medicare.gov/medicaid/hcbs/guidance/electronic-visit-verification/index.html>

For information on how to submit claims to ProviderOne via Direct Data Entry (DDE) and via .dat file upload, please see the ProviderOne Billing and Resource Guide and the Supplemental Billing Guide for Social Services at www.hca.wa.gov.

4. EVV Solution Requirements

The purpose of this section is to explain to Home Care Agencies and their EVV Vendors “what an EVV solution needs to do” to meet DSHS requirements. This section covers the following topics:

- Mandatory EVV Data Elements
- Mandatory Functional Requirements,
- Optional Functional Requirements
- Mandatory Non-Functional Requirements
- Optional Non-Functional Requirements

4.1. Mandatory EVV Data Elements:

There are 6 mandatory EVV data elements that a Home Care Agency’s EVV solution must verify.

Req ID	Mandatory Data Element	Additional Information
EVV-MDE-1	The EVV solution must electronically verify the identity of the Individual receiving services.	DSHS is not prescribing how an EVV solution captures this information. However, when the data is uploaded to ProviderOne as part of a social services claim this data field must be populated with the Client’s ProviderOne Client ID. This information is provided to a home care agency on the authorization.
EVV-MDE-2	The EVV solution must electronically verify the identity of the individual providing the service.	DSHS is not prescribing how an EVV solution captures this information. However, when the data is uploaded to ProviderOne as part of a social services claim this data field must be populated with a “Social Service Servicing Only Provider ID” number which will be assigned to individual Home Care Aides in ProviderOne. DSHS will work with Home Care Agencies to assign these numbers.

EVV-MDE-3	The EVV solution must electronically verify the Type of Service	DSHS is not prescribing how an EVV solution captures this information. However, when the data is uploaded to ProviderOne as part of a social services claim this data field must be populated with the authorized Service Code and applicable modifier. This information is provided to a home care agency on the authorization.
EVV-MDE-4	The EVV solution must electronically verify the exact Date of Service.	
EVV-MDE-5	The EVV solution must electronically verify the exact Time at which the Service begins and the exact Time at which the Service ends.	

<p>EVV-MDE-6</p>	<p>The EVV solution must electronically verify the Geographical Location at which the Service begins, and the Geographical Location at which the Service ends.*</p> <p>*Note: Services may begin and end in the Client’s home or in the community. CMS guidance released on August 8, 2019 clarified that location only has to be verified when services begin or end in a client’s home. CMS is not requiring that location be verified when services begin or end in a community location. States were given discretion on how to set location verification requirements. DSHS is only requiring that location be verified when services begin or end in the client’s home. Home Care Agencies have the option to verify location when services begin or end in the community. Home Care Agencies must still collect all other Mandatory Data Elements at the beginning and ending of service delivery even when location is not required to be verified. In cases where the community location is unverified, DSHS will require a specific geolocation be submitted into ProviderOne.</p>	<p>DSHS is not prescribing the method used to capture location information. Some EVV solutions utilize telephony systems while others use GPS functionality.</p> <p>Special Note about Telephony: A call from a mobile phone to a purely telephonic EVV solution will not give the current location of the phone but the address tied to the mobile phone account. This approach is not compliant with the Cures Act.</p> <p>EVV solutions that use telephony to verify may either:</p> <ul style="list-style-type: none"> Dial-in to the EVV system through the participant’s landline, which will provide the location of the landline, or Dial-in to the EVV system through a mobile phone and enter a code provided by a device that electronically captures location. <p>DSHS is not prescribing the format that location must be captured by local EVV devices. However, when the data is uploaded to ProviderOne as a social services claim, the geographical location data must be formatted as decimal degrees. The level of precision required is 4 (four) digits to the right of the decimal for both latitude and longitude when service begins and ends for ProviderOne social services claims processing.</p> <p>In cases where a community location is unverified, the Service Begin location and/or Service End location must be populated with latitude 00.0000 and longitude 000.0000.</p>
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4.2. Mandatory Functional Requirements:

Functional requirements clearly and quantitatively describe the capabilities that an EVV solution must have in terms of the behavior and information the solution will manage. Sometimes they may appear redundant. This is due to the precise nature of the technical writing. This ensures that software developers don't miss a nuance of a requirement that could be overlooked if they were grouped together. There are 16 Mandatory Functional Requirements and 7 Optional Functional Requirements.

Req ID	EVV <u>Mandatory</u> Functional Requirement
EVV-MFR-1	<p>The EVV solution must 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 ProviderOne Client ID c) Date of Service d) Servicing Provider’s Social Service Servicing-Only Provider ID e) Time service started f) Geolocation where service started (See EVV-MDE-6) g) Client-Servicing Provider Proximity Indicator when Service started (optional) h) Time Service Ended i) Geolocation where Service Ended (See EVV-MDE-6) j) Client-Servicing Provider Proximity Indicator when Service Ended (optional) k) Client Verification Indicator of services received when Service Ended (optional) l) Units of Service claimed
EVV-MFR-2	<p>The EVV solution must meet the requirements of HIPAA privacy and security law (as defined in section 3009 of the Public Health Service Act).</p>
EVV-MFR-3	<p>The EVV solution must be able to collect the required EVV data elements in areas where technology infrastructure, such as internet and cellphone service, may be limited or unavailable (in both permanent and temporary situations).</p>

	<p>NOTE: Washington is not prescribing a specific method to meet this requirement. One example of how some EVV solutions have met this requirement is to have a smart phone or other device that can collect required data elements independent of internet or cell phone service availability. As long as a GPS map of the area is downloaded ahead of time when connected to Wi-Fi/internet or an EVV application is active, the device can access the GPS satellite to ping location. The data is held on this device until the worker comes into range of internet or cell phone service where the data can be transmitted to the EVV solution. Another potential solution is utilizing telephony systems, in accordance EVV-MDE-6, in areas that lack internet or cellphone coverage. Some EVV solutions use a combination of various technologies to meet this requirement. Contact your EVV vendor to learn more about their available technologies.</p> <p>DSHS expects this requirement to be a challenge for many areas of Washington. Some Home Care Agencies may need to manually enter data when cellphone or internet coverage is not available. However, EVV solutions cannot solely rely on manually entering data to meet this requirement over the long term. DSHS expects Home Care Agencies to continuously work to develop their EVV solutions to comply with EVV-MFR-3. DSHS does not have plans to set a threshold on the number of manual entries or adjustments an EVV solution may need to incorporate to capture all required data elements. Instead, DSHS plans to review the frequency and reasons for manual entries/adjustments for each individual Home Care Agency. DSHS would then work with the AAA and Home Care Agency to problem solve any concerns about manual entries/adjustments. DSHS encourages Home Care Agencies to contact DSHS with questions about meeting this specific requirement.</p>
EVV-MFR-4	The EVV solution must distinguish electronically captured data from manually entered, modified, or adjusted data.
EVV-MFR-5	The EVV solution must require documented justification for all manual data entries.
EVV-MFR-6	The EVV solution must require documented justification for all modifications, adjustments, or exceptions made to electronically captured data after the electronic data is captured.
EVV-MFR-7	The EVV solution must 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 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-MFR-8	The EVV solution must be able to accommodate and uniquely identify more than one (1) Social Service Servicing-Only Provider in the same home or other location of service. The solution must capture all required EVV elements for each worker, though location may be the same.
EVV-MFR-9	The EVV solution must be able to accommodate and uniquely identify individual Clients in a multi-client home or other location of service where there are multiple clients. The solution must capture all required EVV elements for each client, though location may be the same.
EVV-MFR-10	The EVV solution must allow for DSHS/AAA approved changes to a Client's authorization that may happen any time during the month. This could be an increase, reduction or termination of an existing authorization.*
EVV-MFR-11	The EVV solution must allow for the addition of new Client service authorizations at any time during the month.*
EVV-MFR-12	The EVV solution must maintain reliable backup and recovery processes that ensure that all data is preserved in the event of a system malfunction or disaster situation.
EVV-MFR-13	The EVV solution must retain all data regarding the delivery of services for a minimum of six (6) years.
EVV-MFR-14	The EVV solution must have the ability to respond to requests for records or documentation in the timeframe and format requested by DSHS.
EVV-MFR-15	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 (optional), client verification (optional), 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., T1019 – Personal Care) and include the Home Care Agency's identity by name and/or ProviderOne ID.
EVV-MFR-16	The EVV solution must be capable of providing a standardized report with up to 6 years of all social services claim lines submitted to ProviderOne. This report must include all data fields submitted to ProviderOne in the claim line, identify manual data entries, and adjustments and exceptions to electronically captured data, and provide the standardized manual entry, adjustment, or exceptions reason code for the altered claim line. DSHS will define a standardized format for this report before January 2020.

* Social Services service claims are validated against Client authorizations, which are available to Billing Providers through ProviderOne. Some EVV systems are loaded with the authorization hours and may track and limit how many hours a provider can work. These requirements are to ensure that if that is the case, that the loaded hours can be updated during the service period, if there is a change to the authorization or a new authorization. The State recognizes that client service authorizations may change at any time which may result in unused or overprovided services.

4.3. Optional Functional Requirements

These are optional requirements; however, they should be given consideration in the event they become required at a future time.

Req ID	EVV <u>Optional</u> Functional Requirement
EVV-OFR-1	The EVV solution should electronically capture and document the proximity of the Client to the Servicing Provider at the time service starts and ends.
EVV-OFR-2	<p>The EVV solution should 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 with app; (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; or (E) Alternative or developing technology.
EVV-OFR-3	<p>The EVV solution should electronically capture and document Client Verification, by the individual recipient or authorized representative, of personal care visit time and services delivered.</p> <p>Note: The ProviderOne data element for this optional requirement would be a simple yes/no for whether the client verified that the services were delivered. This would be collected at the end of each service episode. Documentation behind the response would remain in your Agency EVV system.</p>

EVV-OFR-4	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-OFR-5	The EVV solution should be capable of electronically generating 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. For more information, please see the Supplemental Billing Guide for Social Services at www.hca.wa.gov .
EVV-OFR-6	The EVV solution should be able to capture and document personal care or respite 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-OFR-7	The EVV solution should be capable of accurately capturing the correct number of hours worked for shifts that occur on the first day of Daylight Saving Time (which has only 23 hours) and during the first day of Standard Time (which has 25 hours).

4.4. Mandatory Non-Functional Requirements

There are eight **mandatory** non-functional requirements. Non-Functional requirements describes the performance or quality attributes an EVV solution must meet. **These describe “How” requirements should be met.**

Req ID	EVV Mandatory Non-Functional Requirement
EVV-MNFR-1	The EVV solution must comply with 21st Century Cures Act.
EVV-MNFR-2	The EVV solution must comply with additional State regulations.
EVV-MNFR-3	Home Care Agency Staff and Servicing Providers must be trained in HIPAA compliance and protecting EVV PHI data.
EVV-MNFR-4	EVV software vendor staff must be trained in HIPAA compliance and protecting EVV PHI data.
EVV-MNFR-5	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 a Social Service Servicing Only Provider ID.

Req ID	EVV Mandatory Non-Functional Requirement
EVV-MNFR-6	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-MNFR-7	EVV Vendor must provide options for electronically capturing EVV data when landline or technology infrastructure is not available, such as, but not limited to: <ul style="list-style-type: none"> - Servicing providers use their own device/app - Store and forward devices.
EVV-MNFR-8	In cases where a community location is unverified, the Service Begin location and/or Service End location must be populated with latitude 00.0000 and longitude 000.0000 when submitting claims to ProviderOne. (See EVV-MDE-6)

4.5. Optional Non-Functional Requirements

There are six **optional** non-functional requirements. Non-Functional requirements describes the performance or quality attributes a solution must meet. **These describe “How” requirements should be met.**

Req ID	EVV Optional Non-Functional Requirements
EVV-ONFR-1	The EVV solution should be user friendly with basic literacy levels.
EVV-ONFR-2	The EVV solution should be accessible to users with disabilities.
EVV-ONFR-3	Home Care Agencies may use their EVV solution to capture and document tasks completed.
EVV-ONFR-4	Home Care Agencies may use their EVV solution for time keeping.
EVV-ONFR-5	Home Care Agencies may electronically report client verification of tasks provided and received, regardless of whether tasks are captured electronically or on paper.
EVV-ONFR-6	Home Care Agencies may use their EVV solution for processing payroll.

5. EVV in ProviderOne

The ProviderOne system aggregates EVV data during the Claims Submission process. Home Care Agencies are already accustomed to submitting several of the EVV data points on social services claims:

- Type of service performed (the Service Code (+ modifier, if applicable));
- Individual receiving service (the ProviderOne Client ID); and
- Date of service.

Additional ProviderOne Claim system edits are necessary to verify the presence and validity of the newly required EVV data points. They include:

- Location of service delivery at beginning and end of service (in decimal degrees);
- Individual providing service (the Social Service Servicing-Only Provider ID);
- Time the service begins and ends (in hh:mm:ss format);
- Client-Provider Proximity Indicator at beginning and end of service; and
- Client Verification Indicator.

ProviderOne has developed new edits to apply to claims submitted for payment. These edits have initially been set as 'Pay and Report'. 'Pay and Report' means that if data in a claim is not in accordance with policy, the system will record the error but will not prevent payment from being issued.

Edit Number	EVV System Edits
32060	Claimed Units exceed time span
32041	Invalid Servicing Provider
32061	Claimed units exceed 24 hours for servicing provider

For more information, including submission of claims via Direct Data Entry (DDE) and via .dat file upload, please see the ProviderOne Billing and Resource Guide and the Supplemental Billing Guide for Social Services at www.hca.wa.gov.

Appendix A: Glossary

Term	Description
AAA	Area Agency on Aging
AL TSA	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
PCS	Personal Care Services
ProviderOne	Washington State's MMIS

Appendix B: Manual Entry/Adjustment/Exceptions Reason Codes

The EVV solution must be able to capture and report the following reason codes for manual and/or adjusted EVV data as per requirement EVV-MFR-7. 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

Appendix C: Overview of Statutory Requirements

This is a high level overview of the EVV requirements described in the “21st Century Cures Act”, Section 12006 and is included for reference purposes only.

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).

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.

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.

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.

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.

A State may establish requirements related to quality measures for electronic visit verification.