

8.001 ELECTRONIC VISIT VERIFICATION (EVV)

8.001.1 Definitions

- 8.001.1.A. Colorado Medicaid ID means the Colorado Medicaid identification number assigned to each client by the Department.
- 8.001.1.B. Department means the Colorado Department of Health Care Policy and Financing.
- 8.001.1.C. Direct Care Worker means the person providing a service to a client. The Direct Care Worker may be an employee of a Provider.
- 8.001.1.D. Electronic Visit Verification (EVV) means the use of technology, including mobile device technology, telephony, or manual visit entry, to verify the required data elements related to the delivery of a service mandated to be provided using EVV by the “21st Century Cures Act,” P.L. No. 114-255, or this rule.
- 8.001.1.E. Electronic Visit Verification System (EVV System) means the State EVV Solution or a Provider Choice System used by a Provider to comply with the EVV requirements in this rule.
- 8.001.1.F. Exceptions means data integrity alerts identified by the State EVV Solution or Provider Choice System.
- 8.001.1.G. Mobile Visit Verification Application (MVV Application) means a mobile device application that is used by the Direct Care Worker to record visit data at the start and end of the visit.
- 8.001.1.H. Personal Identification Number (PIN) means the unique identifier assigned to each individual Direct Care Worker in the EVV System.
- 8.001.1.I. Provider means an actively enrolled Medicaid provider in good standing as described in Section 8.076.
- 8.001.1.J. Provider Choice System means an alternative to the State EVV Solution made available by the Department. A Provider Choice System is provided by a Provider and satisfies all requirements as defined in this rule, is compatible with the State EVV Solution, and is consistent with Federal and State law.
- 8.001.1.K. Provider EVV Portal means the web-based administrative tool that can be used by Providers to monitor all activity recorded in the EVV System and manage all activity in the State EVV Solution.
- 8.001.1.L. Reason Codes means standard codes used to explain a manual visit entry, visit edit, or an acknowledgment of an Exception for missing required visit information.
- 8.001.1.M. State EVV Solution means the portion of the EVV System that manages data related to the visit and includes the Mobile Visit Verification (MVV) Application, Telephonic Visit Verification (TVV) System, and the Provider EVV Portal made available by the Department.
- 8.001.1.N. Telephonic Visit Verification System (TVV System) means a toll-free telephone number system used by Direct Care Workers to record visit data at the start and end of a visit.

8.001.2 Provider Applicability

8.001.2.A. Providers of the following services reimbursed by the Department as fee-for-service must utilize EVV:

1. Home Health as defined in Section 8.520;
2. Private Duty Nursing as defined in Section 8.540;
3. Hospice services as defined in Section 8.550;
4. Durable Medical Equipment, as defined in Sections 8.580, 8.585, and 8.590, requiring in-home set up;
5. Personal Care Services provided pursuant to Section 8.489, 8.500.94;
 - a. Pediatric Personal Care provided pursuant to 10 CCR 2505-10 Section 8.535;
 - b. Personal Care services provided in a facility type setting and paid via per diem are excluded from EVV.
6. Behavioral Services as defined in Sections 8.550.5.B and 8.500.94.B, when provided in the home;
7. Consumer Directed Attendant Support Services as defined in Section 8.510 and 8.500.94.B;
8. Homemaker Services as defined in Sections 8.490, 8.500.94;
9. Respite as defined in Section 8.492, when provided in the home;
10. Independent Living Skills Training as defined in Sections 8.516 and 8.553;
11. Life Skills Training as defined in Section 8.553;
12. In-Home Support Services as defined in Sections 8.506.4.C and 8.552;
13. Pediatric Behavioral Therapies provided under Early, Periodic Screening, Diagnosis and Treatment (EPSDT) Services as defined in Section 8.280;
14. Youth Day Services as defined in Section *(rule pending)*;
15. Physical Therapy and Occupational Therapy as defined in Section 8.200.2.C.1, when provided in the home; and
16. Speech Therapy as defined in Section 8.200.3.D, when provided in the home.

8.001.3 Provider Responsibilities

- 8.001.3.A. The Department will make available the State EVV Solution to all Providers of services specified in Paragraph 8.001.2.A. of this rule. The State EVV Solution will include an MVV Application, TVV System, and Provider EVV Portal.
1. The State EVV Solution made available by the Department must be used by all Providers except for Providers using a Provider Choice System pursuant to Paragraph 8.001.3.B. of this rule. Providers using the State EVV Solution must do the following:
 - a. Utilize the MVV Application or the TVV System made available by the Department as the primary method for collecting visit data.
 - i. If neither the MVV Application nor TVV System are available, manual visit entry via the Provider EVV Portal must be used as the last alternative for recording the visit data.
 1. If the MVV Application and TVV System become unavailable during an EVV visit, the Direct Care Worker and the Direct Care Worker's associated Provider, as applicable, are responsible for entering any uncaptured data for that visit via manual visit entry.
 2. Manual visit entries are subject to Department audit and thresholds.
 - ii. The MVV Application will capture location of service at time of clock-in and clock-out via Global Positioning System (GPS).
 - iii. The TVV System will capture location of service at time of clock-in and clock-out through the telephone number from which the call is placed, in lieu of GPS coordinates.
 - b. Collect, for each visit, the following data:
 - i. The name and Colorado Medicaid ID number of the client receiving the service;
 - ii. Information to identify the Direct Care Worker providing the service;
 - iii. The date and time the visit starts;
 - iv. The location at the start of the visit;
 - v. The EVV-required service performed;
 - vi. The date and time the visit ends;
 - vii. The location at the end of the visit;
 - c. The Provider must maintain all documentation required by Section 8.130, as appropriate, to support the manual visit entry, visit modification or Exceptions. The documentation must be made available to the Department or the Department's designee upon request, as required by Section 8.103.

- d. The Department will not accept pictures, video, or voice recordings to substantiate a manual visit entry, visit modification, or Exception.
- e. Any Exceptions must be resolved.

8.001.3.B. The Department will allow all Providers of services specified in Paragraph 8.001.2.A. of this rule to utilize a Provider Choice System.

1. Providers using a Provider Choice System must:

- a. Utilize an MVV Application, TVV System, or manual visit entry in accordance with the requirements identified at Paragraph 8.001.3.A.1.a. of this rule;
 - i. When Providers using the Provider Choice Systems enter visit data via manual visit entry, the Provider must indicate that the data was entered manually.
 - b. Collect, for each visit, the data elements contained in Paragraph 8.001.3.A.1.b. of this rule;
 - c. Adhere to the requirements identified at Paragraphs 8.001.3.A.1.c. and 8.001.3.A.1.d. of this rule;
 - d. Satisfy all technical specifications as identified by the Department;
 - e. Identify all Exceptions using standard codes identified by the Department and
 - f. Utilize the Reason Codes identified by the Department.
 - g. Any Exceptions noted in the State EVV solution must be resolved.
 - h. A Provider using a Provider Choice System must submit data to the State EVV solution in a format and at a frequency identified by the Department.
2. If a Provider is unable to obtain a compatible Provider Choice System, the Provider must use the State EVV Solution made available by the Department.
3. A Provider Choice System must maintain compliance with the requirements identified in this rule, including incorporating into the system any changes in data requirements that must be transmitted to the State EVV Solution.
4. Any costs related to the development of a Provider Choice System will not be the responsibility of the Department.
5. It is the responsibility of Providers using a Provider Choice System to ensure successful interaction between their Provider Choice System and the State EVV Solution. The Department will not provide training on the interaction of individual Provider Choice Systems with the State EVV Solution.

8.001.3.C. Required Training

1. Providers enrolled in Colorado Medicaid prior to the implementation of EVV in Colorado must complete all training required by the Department prior to gaining access to the State EVV Solution.
2. Providers enrolling in Colorado Medicaid after the implementation of EVV in Colorado must complete the required EVV training prior to gaining access to the State EVV Solution.
3. Providers who stop using a compatible Provider Choice System and begin using the State EVV Solution made available by the Department must complete all training required by the Department prior to gaining access to the EVV System.
4. Regardless of date of enrollment in Colorado Medicaid, Providers must complete any additional EVV training required by the Department.

8.001.3.D. Providers of the services specified in Paragraph 8.001.2.A. of this rule must complete the following or be subject to the termination of their Colorado Medicaid Provider agreement:

1. Comply with all provisions of this rule.
2. Maintain a current list of clients subject to EVV requirements to whom they are providing services and the required data elements pertaining to whom they are providing services. The required data elements pertaining to the clients that must be maintained include:
 - a. Colorado Medicaid ID;
 - b. Last name;
 - c. First name;
 - d. Language preference;
 - e. One known address at which the client may routinely receive services. Additional addresses may be maintained if the client routinely receives services at multiple locations;
 - f. Telephone number.
3. Maintain a current list of Direct Care Workers who are providing services subject to EVV requirements to clients enrolled in Colorado Medicaid. The required data elements pertaining to the Direct Care Workers that must be maintained include:
 - a. Last name;
 - b. First name;

- c. Social security number;
 - d. PIN;
 - e. Email address.
4. Utilize EVV for all services subject to the provisions of this rule.
 5. Report any known or suspected falsification of EVV data to the Department within two business days of discovery.
 6. Complete all required training.

8.001.4 Reimbursement

- 8.001.4.B. Providers that fail to comply with the requirements of this rule are subject to potential suspension, denial, or recovery of payments, and suspension, denial, termination or nonrenewal of its Provider Agreement with Colorado Medicaid, in accordance with Section 8.076.

8.010 [Repealed 05/15/2014 per House Bill 14-1123]

8.011.1 GENERAL EXCLUSIONS FROM COVERAGE