



Michelle Lujan Grisham, Governor  
David R. Serase, M.D., Secretary  
Nicole Comeaux, J.D., M.P.H., Director

## Letter of Direction #18

**Date:** November 11, 2019

**To:** Centennial Care Managed Care Organizations

**From:** *KLA f n c*  
Nicole Comeaux, Director, Medical Assistance Division

**Subject:** Use of Electronic Visit Verification for Early and Periodic Screening, Diagnostic, and Treatment Personal Care Services

**Title:** EVV for EPSDT PCS

The purpose of this Letter of Direction is to provide the Centennial Care Managed Care Organizations (MCOs) with information and direction to implement the 21<sup>st</sup> Century Cures Act effective January 1, 2020. The MCOs shall provide an Electronic Visit Verification (EVV) system for medically necessary Personal Care Services (PCS) under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

Section 12006 of the 21st Century Cures Act (the Cures Act), P.L. 114-255, added Section 1903(l) of the Social Security Act (SSA). Section 1903(l) provides that states must require the use of an EVV system for PCS and home health care services (HHCS) that require an in-home visit by a provider.

The section 1903(l) requirement applies to personal care services (PCS) requiring an in-home visit that are provided under the Medicaid state plan or under a waiver program or demonstration project under Sections 1905(a)(24) state plan personal care benefit, 1915(c) home and community based services waivers, 1915(i) home and community based services state plan option, 1915(j) self-directed personal attendant care services, 1915(k) Community First Choice state plan option and 1115 demonstration projects.

EVV systems are required for EPSDT PCS under Personal Care and Home Health Care services as part of Section 1905(a) of the Social Security Act.

**General MCO Implementation Requirements:**

Centennial Care 2.0 MCOs are required to develop and implement an EVV system by January 1, 2020 for medically necessary EPSDT personal care services for Medicaid eligible recipients according to the Cures Act.

1. New Mexico follows the State Mandated External Vendor model for use of a single EVV vendor that all providers must use. MCOs are required to continue with the current selected single vendor for the expansion of the EVV project for EPSDT PCS.
2. Seek input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders as determined by the HSD to ascertain the unique needs of the EPSDT youth population.
3. MCOs are required to ensure that all beneficiaries, guardians, individuals who furnish personal care services or home health care services, and other stakeholders receive training and assistance on an ongoing basis regarding the EVV program, equipment usage and end user troubleshooting. This would include use of multiple approaches for notifying and training individuals and their families and establishing an EVV website and/or link to appropriate training resources.
4. EVV implementation must include quality control measures and reporting:
  - During the EVV implementation process MCOs will submit routine and periodic implementation progress reports to HSD/MAD and as directed by HSD/MAD.
    - Routine and periodic implementation progress reports will be presented via the bi monthly EPSDT PCS EVV Workgroup.
  - MCOs will submit EPSDT PCS data to the Report 35: Electronic Visit Verification Report starting the 1<sup>st</sup> quarter of 2020.

Quarter	Reporting Period	Report Due Date
1	January 1 – March 31	April 30
2	April 1 – June 30	July 30
3	July 1 – September 30	October 30
4	October 1 – December 31	January 30

**General MCO Post-Implementation Requirements:**

As a result of the federally mandated use of EVV, changes and clarifying direction for NMAC 8.320.2.18 EPSDT Personal Care Services is needed. The following is intended to be ongoing direction post implementation.

1. MCO must provide support of provider utilization of the selected EVV system. Provider support includes EVV training and information for PCS providers, care attendants, and family

members. MCO will ensure that a PCS Provider has trained the care attendant within one year of employment. See Table 1.

2. MCOs will ensure proper claiming of EPSDT personal care services for members enrolled in managed care.
  - a. Procedure Code: S5125 ATTENDANT CARE, PER 15 MINUTES.
  - b. Provider Type: Provider Type 324 Nursing Agency, Private Duty as an agency not providing “medically directed” services.

**Table 1: EPSDT PCS Attendant Requirements**

<i>EPSDT PCS Attendant Requirements</i>			
<b>Education/Training</b>	<b>Experience (typical)</b>	<b>Skills (preferred)</b>	<b>Other</b>
<p>The PCS attendant training program must consist of no less than 40 hours of training to be completed by the PCS attendant in the first year of employment. Ten hours of training must be completed prior to placing the employee in a MAP eligible recipient’s home. Two of the ten hours may include agency orientation. Eight of the ten hours of training must be specific to the MAP eligible recipient.</p> <p>The training curriculum must include, at a minimum, the following areas:</p> <ul style="list-style-type: none"> <li>(a) communication;</li> <li>(b) MAP eligible recipient’s rights;</li> <li>(c) recording of information in MAP eligible recipient’s records;</li> <li>(d) nutrition and meal preparation;</li> <li>(e) care of ill and disabled children and adolescents;</li> <li>(f) emergency response (first aid, CPR, 911, etc.);</li> <li>(g) basic infection control;</li> <li>(h) housekeeping skills;</li> <li>(i) home safety and fire protection; and</li> <li>(j) electronic visit verification.</li> </ul>	No requirements	Only a trained PCS attendant who has successfully demonstrated service competency such as bathing, dressing, eating and toileting may provide PCS services to a MAP eligible recipient	<p>The PCS attendant must be employed by a MAD approved PCS agency and work under the direct supervision of a MAD approved RN.</p> <p>MAP eligible recipient’s family member may not furnish PCS services to him or her; in this instance, a family member is defined as a legally responsible relative, such as parents of minor child or stepparent who is legally responsible for a minor child; for a MAP eligible recipient 18 to 21 years of age, parents or other relatives may provide PCS services if they are not legally responsible for the MAP eligible recipient.</p>

This LOD will sunset upon inclusion in the Medicaid Managed Care Services Agreement and/or the MAD Managed Care Policy Manual.