

May 19, 2021

Critical Updates

Mi Via and Supports Waiver Participant-Directed

Guidelines for Use of Electronic Visit Verification (EVV) for In-Home Living Support Services

Program rules and guidelines for MI Via and the Supports Waiver are established through federal and state regulations and policies. The Centers for Medicare and Medicaid Services (CMS) provides oversight at the federal level and establishes program rules through the Code of Federal Regulations (CFR). Decisions on how EVV will be implemented and on what services are at the discretion of individual states.

Background:

- In-Home Living Support Services (IHLS) includes the provision of personal care services on an intermittent basis and not intended to be a 24-hour seven day a week service. IHLS can be provided for least four or more hours per day, one or more days per week and may be up to 24 hours per day.
- IHLS can be provided by agency provider hired employees or family members contracted by the agency. This guidance is intended to address the different service provider types that provide IHLS. Some employees are live in caregivers, others are not live in caregivers and come into a participant's home to provide services.
- Although CMS allows an exemption, New Mexico has decided to implement EVV for IHLS for the following reasons:
 - Implementation of EVV meets documentation requirements as outlined in 8.314.6.12 New Mexico Administrative Code (NMAC), regardless of living arrangement or familial relationship.
 - Implementation of EVV addresses Centers for Medicare & Medicaid Services (CMS) guidance to apply appropriate oversight of services to address concerns of fraud, waste and abuse.
 - CMS allows states to implement EVV services for services where caregivers and beneficiaries are living together.
 - Services may be provided by more than one vendor agency employee, and/or live-in caregivers.

Using the EVV System:

- Caregivers should clock in at the beginning of provision services.
- Caregivers will clock out at the end of the provision of services.
- Caregivers are not required to clock in or out at the beginning or end of a specific activity, but rather at the beginning and end of their shift/provision of services.
- Caregivers can clock in and clock out for a maximum of a 24 hour shift, if applicable.
- Vendors reconcile total hours of IHLS provided per day, meeting time requirements of service delivery as per NMAC 8.314.6.15 C(3)(a).

Additional Requirements:

- Daily progress notes required outside of EVV to meet NMAC 8.326.10.12.
- Daily progress notes are subject to Department of Health (DOH) Division of Health Improvement (DHI) audits.

Major Issues and Resolutions

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Vendor Direct Deposit

Direct Deposit is the fastest way to receive your vendor payment from Palco every Friday. Please sign up as quickly as possible. The vendor direct deposit form can be accessed via this link: [Pay Selection and Direct Deposit Authorization-Vendors form](#). If you have questions, please contact the Consolidated Customer Service Center(CCSC) at 1.800.283.4465 and press "5" for assistance.

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How to Avoid EVV Errors

When time is entered into the AuthentiCare or FOCoS systems, the time is automatically shared between the two systems. This ensures that all time is properly tracked. Below are some system errors that can occur when time is entered in AuthentiCare or FOCoS and how they can be avoided.

Overlapping Charges in AuthentiCare and FOCoS

Hours entered are exported daily between AuthentiCare and FOCoS. Sometimes, the updates can take up to 48 hours to show in both systems. If time is re-entered before the systems have time to properly "batch" the information, it can result in duplicate hours being recorded. . If you have clocked in an out on the IVR (AuthentiCare System) and don't see it in FOCoS after 48 hours, please contact the AuthentiCare Contact Center at **authenticare.support@firstdata.com or 1-800-441-4667, Option 6.**

Over 40 Hours Per Week

Only 40 hours are allowed to be worked and entered in a week per participant. Hours entered that total more than 40 hours will be rejected by the FOCoS and AuthentiCare systems. When submitting hours, **validate that your time will not be over 40 hours per week.**

How-to Tips

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How to Submit a PRF

[Payment Requests Forms \(PRF\)](#) must be submitted to Conduent for payment of services provided by vendors. Below are helpful tips that can help minimize Return to Participant (RTP) inquiries which can result in delays in payment:

- For payment to mobile and internet service providers:
 - Make sure the [Payment Request Form \(PRF\)](#) is complete. All the fields should be completed with correct budget dates, service codes, etc.
 - The amount requested on the PRF must be equal to, or less than the monthly amount approved on the participants/member's budget.
 - The vendor invoice must be included with the PRF.
 - **Please submit all PRFs and included invoices to mi.via@conduent.com** . If you need to fax, please fax to 1-866-302-6787. Submission of the PRF and the invoice together ensures that each participant's PRFs for that pay period are properly reviewed and processed.
- PRFs for agency providers:
 - Make sure the [Payment Request Form \(PRF\)](#) is complete. All the fields should be complete with correct budget dates, service codes, etc.
 - Avoid "bulk" submissions. Bulk submissions are those that include PRFs for more than one participant in a single email or fax. Bulk submissions can result in a PRF being missed during processing and review.
 - The vendor invoice must be included with the PRF. The amount requested on the RPF must be equal to or less than the amount on the invoice.
 - The Payment Request Form must be reviewed and approved by the EOR.
 - **The EOR submits all PRFs and included invoices to mi.via@conduent.com** . If you need to fax, please fax to 1-866-302-6787. Submission of the PRF and the invoice together ensures that each participant's PRFs for that pay period are properly reviewed and processed.