

During recent electronic visit verification (EVV) data reviews, the Department for Medicaid Services (DMS) identified some common issues with visits where providers delivered Home Health Care Services (HHCS)

1. Signatures: The member must review the information the caregiver enters in EVV to ensure accuracy and sign off on the visit. If the member cannot review the information and sign, an authorized representative may do so on the member's behalf. Agency staff should train direct support professionals to encourage members to utilize a full signature rather than initials, an "X", or another marking.

For providers using the state-sponsored system, Therap, signatures are obtained by clicking "Verify" on the Check-Out screen. In Therap, the member can verify the visit with a written signature or their voice. If the direct support professional cannot obtain a written or voice signature, they should enter an exception code at check-out. If using the exception code of "other" then a comment explaining why the signature cannot be obtained should be added. Step-by-step instructions are available at <u>Scheduling Check-In/Check-Out for Apple Devices</u> and <u>Scheduling Check-In/Check-Out for Apple Devices</u>.

DMS requests HHCS providers become compliant with EVV signature requirements **no later than** January 1, 2025.

2. Third-Party Vendor Visits

Provider agencies using a third-party system must ensure their vendor is sending visits to the Therap aggregator promptly. DMS expects visits to be sent over in near real-time, but at a minimum, within 24 hours of the completed visit. Please check with your third-party vendor to ensure this is happening and address any delays. It is your agency's responsibility to ensure the third party agency is integrating visit data timely to the Therap's aggregator.

If you have questions about EVV HHCS policy, please contact DMS at (844) 784-5614 or <u>1915cWaiverHelpDesk@ky.gov</u>.

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