**Section 240.1531 Electronic Visit Verification (EVV) Requirements for In-home Service Providers**

a) EVV is based on global positioning systems or other cost-effective technology and secure applications for monitoring work schedules of homecare aides supplied by and paid for by the in-home service provider agency, including:

1) cellular phone or other mobile devices with activated global positioning systems;

2) Telephony/Integrated Voice Recognition (IVR); or

3) an alternative auditable technology when a phone is not available in the participant's home, such as, but not limited to, a fixed visit verification device installed in the participant's home.

b) An EVV system must meet the following minimum standards:

1) Functional Capacity

A) Verification of Hours Worked

i) The system must maintain accurate time reporting and allow for review/approval of time by the participant or participant designee, including participants with visual and physical disabilities.

ii) The system must allow the participant or designee to manually or electronically verify that services were delivered and that time reporting is accurate.

B) Multiple Input Options

i) The system must include electronic verification options, including a cellular phone or other mobile devices with activated global positioning systems, telephony/IVR, or an alternative auditable technology, when a phone is not available in the participant's home, such as, but not limited to, a fixed visit verification system installed in the participant's home for authentication purposes.

ii) The electronic verification options must include the ability to create and manage related work schedule timesheets and participant service calendars, as authorized in the participant's person-centered plan of care.

C) Flexibility

i) The system must support the addition of services, participants, and homecare aides, as needed.

ii) The system must accommodate multiple participants and/or service provider agencies.

iii) The system must accommodate multiple work shifts (e.g., more than one participant and/or homecare aide in the same home or at the same phone number; participants and homecare aides who live at the same address; multiple work shifts per day per participant/homecare aide combination; homecare aides who work for multiple participants; and participants who have multiple homecare aides).

D) Capacity

i) The system must record new EVV data.

ii) The system must retain all EVV data for up to six years from the last date of service.

iii) The system must retrieve archived data in a timely manner.

E) Tracking

i) The system must document and track unedited sign-in and sign-out times of all homecare aide visits.

ii) The system should allow for multiple sign in/out activities per day to accommodate time tracking for breaks in service, meals, and other service provider agency reporting requirements.

F) Recording Increments: The system must record homecare aide visits in quarter-hour increments and bill to the nearest quarter-hour, consistent with the federal Fair Labor Standards Act (29 USC 201) and related regulations (29 CFR 785.48(b)).

G) Identification (ID) Capture: The system must electronically capture all relevant service visit data, including:

i) participant ID;

ii) service provider agency ID;

iii) homecare aide ID;

iv) date and time that service delivery begins and ends;

v) location of the service; and

vi) CCU and Care Coordinator ID.

H) Access: The system must be accessible for input and/or service approval 24-hours per day, 7 days per week for participants and homecare aides with hearing, physical or visual impairments.

I) Alerts: The system must notify supervisory staff at the service provider agency of any untimely and missed shifts or deviation in schedules.

2) Billing Integration and Data Sharing

A) Real-Time Data

i) The system must enable service provider agencies to obtain real-time data to arrange regular scheduled visits.

ii) The system must enable service provider agencies to respond in a timely manner to missed visits to ensure reliability in the delivery of care.

iii) The system must enable the use of the recorded EVV data for billing, verification, automated billing, and improved administrative efficiencies.

B) Secured Transaction Data

i) The system must enable service provider agencies to upload transactions data to the Department in a secured manner that would facilitate, at a minimum, daily billing data.

ii) The system must enable service provider agencies to securely handle internal billing and/or payroll functions pursuant to the recorded EVV data.

C) Modifications and Adjustments

i) The system must track and report modifications after the direct care staff input their time.

ii) The system must record justification of manual time reporting adjustments or exceptions.

D) Reports and Queries

The system must create user-friendly reports and data files that enable the service provider agency and Department staff to run data queries and facilitate management reports.

3) Data Storage and Security

A) Confidentiality

The system must be compliant with electronic data interchange standards for electronic healthcare transactions pursuant to the Medicaid Information Technology Architecture under the Health Insurance Portability and Accountability Act to ensure security of confidential participant information and medical data.

B) Backup and Recovery

i) The system must maintain reliable backup and recovery processes in the event of a system malfunction or disaster situation.

ii) The system must provide an alternative system for timekeeping due to a service provider agency's temporary failure or inability to use the system for a start or end of the homecare aide's shift.

4) Electronic Reporting Interface

A) The system must be able to provide a secured interface to transmit the EVV visits to the Department's electronic Community Care Program Information System.

B) The interface file must include the homecare aide's Social Security Number or another unique personal identifier acceptable to the Department, visit start times and end times, and any other billing data required by the Department.

5) Disaster Recovery

A) The EVV system must maintain a Disaster Recovery Plan that complies with electronic data interchange standards for electronic healthcare transactions pursuant to the Medicaid Information Technology Architecture under the Health Insurance Portability and Accountability Act, identifying every resource that requires backup, to what extent backup is required and that conducts backup minimally on a daily basis in the event of a system failure.

B) The plan must include offsite electronic and physical storage in the United States, preferably in Illinois, and should include, at a minimum, the following:

i) recovery procedures for all events ranging from a minor malfunction to a major disaster;

ii) for offsite environments, roles and responsibilities of vendor and outsourcer staff;

iii) checkpoint/restart capabilities;

iv) retention and storage of backup files and software;

v) hardware backup for the main processor;

vi) application and operating system software libraries, including related documentation;

vii) identification of the core business processes involved in the system;

viii) documentation of contingency plans;

ix) definition of triggers for activating contingency plans; and

x) plan for replacement of hardware and software.

6) A system is subject to review and audit by the Department.

c) An in-home service provider agency must adopt internal policies and procedures regarding the EVV system.

d) An in-home service provider agency must provide training resources and technical support for their employees on the proper utilization of their EVV systems.

e) An in-home service provider agency must provide help desk or call center access for participants and homecare aides regarding the delivery of services.

f) All in-home service provider agencies are required to file certification and documentation with the Department to verify compliance and implementation of their EVV system.

(Source: Amended at 48 Ill. Reg. 11053, effective July 16, 2024)