

**Bulletin Number:** MMP 23-42

**Distribution:** MI Choice Waiver Agencies, Centers for Independent Living, Integrated Care Organizations, Home Help Agencies, Prepaid Inpatient Health Plans

**Issued:** June 30, 2023

**Subject:** Provider Enrollment of Electronic Visit Verification (EVV)-Required Personal Care Services Providers

**Effective:** August 1, 2023

**Programs Affected:** Medicaid, Community Transition Services, MI Choice Waiver, MI Health Link

## Purpose

The 21st Century Cures Act (the Cures Act), enacted by the U.S. Congress in December 2016, added Section 1903(I) to the Social Security Act to require all states to use Electronic Visit Verification (EVV) for personal care services (PCS) and home health care services (HHCS) provided under a Medicaid State Plan of the Social Security Act or under a waiver of the plan. To standardize billing provider data in preparation for the launch of an EVV system in Michigan, the Michigan Department of Health and Human Services (MDHHS) is updating its provider enrollment requirements for those providing PCS that require EVV (hereafter referred to as "PCS"). Agencies and fiscal intermediaries (FIs) that pay direct care workers who provide PCS must obtain a National Provider Identifier (NPI) and enroll in the Community Health Automated Medicaid Processing System (CHAMPS).

The purpose of this bulletin is to confirm the PCS that must be documented in EVV and the enrollment requirements providers must meet prior to the launch of EVV.

Note: HHCS providers currently have NPIs and are enrolled in CHAMPS; therefore, this policy bulletin does not apply to HHCS providers.

## Personal Care Services That Require EVV

The Michigan Medicaid program covers PCS that are provided under the State Plan and waivers of the plan. The following services and their procedure codes listed by program encompass PCS.

**Personal Care Services That Require EVV**

<b>Program</b>	<b>Procedure Code</b>	<b>Service Description</b>
<b>Behavioral Health</b>	H2015	Community Living Supports (CLS)
	T1005	Respite Care, per 15 minutes*
<b>Community Transition Services</b>	T1019	Personal Care Services (PCS), per 15 minutes
<b>Home Help</b>	N/A	Personal Care Services (PCS)†
<b>MI Choice</b>	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
<b>MI Health Link</b>	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
	T1019	Personal Care Services (PCS), per 15 minutes

\* Behavioral Health Respite Care services that start or end in the home require EVV.

† All Home Help services require EVV.

**Personal Care Services That Do Not Require EVV**

The Centers for Medicare & Medicaid Services (CMS) does not require EVV for PCS provided in settings offering 24-hour service availability or in congregate residential settings where 24-hour service is available. There are inherent differences in service delivery models where an employee of a congregate residential setting furnishes services to multiple individuals throughout a shift (this example would NOT require EVV), and for services provided to an individual during an in-home “visit” where the provider goes to a private home or congregate residential setting to provide PCS (this example DOES require EVV), as specified in the EVV statute.

In Michigan, congregate residential settings that provide PCS that do not require EVV include:

- Adult Foster Care Homes
- Child Foster Care Homes
- Homes for the Aged
- Licensed Respite
- Non-licensed congregate residential settings and Assisted Living Facilities where an employee of the facility furnishes services to multiple individuals throughout a shift

The settings listed above are not required to meet the provider enrollment requirements detailed in this policy. For providers that furnish PCS to residents of these settings above that are not employed by the setting, EVV is required. Note: Home Help services provided in any setting require EVV.

## **Provider Enrollment**

Providers who render/bill PCS to Medicaid beneficiaries are required to be enrolled in the Medicaid program and uniquely identified on claims to be eligible for reimbursement.

Many providers currently have an NPI and/or are enrolled in CHAMPS. The chart below, titled Provider Enrollment Requirements, identifies all EVV PCS provider enrollment requirements along with new requirements (**in bold**) that providers will need to meet.

### **Provider Enrollment Requirements**

<b>Program</b>	<b>Provider</b>	<b>Requires an NPI?</b>	<b>Requires enrollment in CHAMPS?</b>
Behavioral Health	Agency Provider	<b>YES</b>	<b>YES</b>
	Fiscal Intermediary	<b>YES</b>	<b>YES</b>
	Individual Provider/ Direct Care Worker	No	No
Community Transition Services	Agency Provider	YES	YES
	Individual Provider/ Direct Care Worker	No	YES
Home Help	Agency Provider*	<b>YES</b>	YES
	Individual and Agency Caregivers	No	YES
MI Choice	Agency Provider	<b>YES</b>	<b>YES</b>
	Fiscal Intermediary	<b>YES</b>	<b>YES</b>
	Individual Provider/ Direct Care Worker	No	No
MI Health Link	Agency Provider	<b>YES</b>	<b>YES</b>
	Fiscal Intermediary	<b>YES</b>	<b>YES</b>
	Individual Provider/ Direct Care Worker	No	No

*\*Home Help agency providers already enrolled in CHAMPS must obtain an NPI and add it to their CHAMPS enrollment.*

To obtain an NPI, providers must complete the online application at the National Plan and Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov>. Providers must enroll as a Type 2 (Organization) NPI. Providers who are required to obtain an NPI, as shown in the table above, may begin obtaining an NPI immediately.

To enroll as a Medicaid provider, the provider must complete an online application in CHAMPS and, if required, enroll with a Type 2 (Organization) NPI. To access CHAMPS, providers must register for a MIlogin User ID and password at <https://milogintp.michigan.gov>.

Providers will need to enroll in CHAMPS under the following Enrollment Type, Provider Type, Specialty, and Subspecialty, depending on their provider type and the services they are providing/billing. Providers who have multiple specialties or subspecialties may select as many as applicable.

<b>Enrollment Type</b>	<b>Provider Type</b>	<b>Specialty</b>	<b>Subspecialty</b>
Atypical – Agency	Atypical Agency	Community Transition Services	Home and Community Based Agency
Atypical – Agency	Atypical Agency	Home Help Facility/ Agency/Organization (FAO)	No Subspecialty
Atypical – Individual	Atypical Individual	Community Transition Services	Home and Community Based Personal Care
Atypical – Individual	Atypical Individual	Home Help Individual	No Subspecialty
Facility/Agency/ Organization	Special Programs	Home and Community Based Services	Community Living Supports
Facility/Agency/ Organization	Special Programs	Home and Community Based Services	Expanded Community Living Supports
Facility/Agency/ Organization	Special Programs	Home and Community Based Services	Personal Care Services
Facility/Agency/ Organization	Special Programs	Home and Community Based Services	Respite
Facility/Agency/ Organization	Special Programs	Fiscal Intermediary	Community Living Supports
Facility/Agency/ Organization	Special Programs	Fiscal Intermediary	Expanded Community Living Supports
Facility/Agency/ Organization	Special Programs	Fiscal Intermediary	Personal Care Services
Facility/Agency/ Organization	Special Programs	Fiscal Intermediary	Respite

An approved provider enrollment application in CHAMPS and an NPI (if required) are necessary for the EVV system to track services and payments for agencies and fiscal intermediaries. Claims submitted with dates of service prior to provider enrollment approval will be rejected.

Agency providers and fiscal intermediaries may begin obtaining NPIs immediately and begin enrolling in CHAMPS starting August 1, 2023. Providers must meet the requirements in the Provider Enrollment Requirements chart above prior to the launch of EVV for their program. Additional information and timelines regarding EVV go-live will be distributed closer to the launch date. For more information on Michigan EVV, including updates and timelines, visit the MDHHS website at [www.michigan.gov/evv](http://www.michigan.gov/evv).

For information regarding provider enrollment and how to begin, visit the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Provider Enrollment. Providers who have questions about the enrollment process or require assistance may contact the Atypical Provider Hotline at 1-800-979-4662 or via email at [providersupport@michigan.gov](mailto:providersupport@michigan.gov).

Refer to the General Information for Providers chapter of the [MDHHS Medicaid Provider Manual](#) for information about provider enrollment procedures and regulations.

### Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free at 1-800-979-4662.

An electronic copy of this document is available at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

### Approved



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