

**Bulletin Number:** MMP 23-76

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

**Issued:** December 15, 2023

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

**Effective:** As Indicated

**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(l) 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).

On June 30, 2023, MDHHS issued bulletin [MMP 23-42](#) (effective August 1, 2023) to establish the provider enrollment requirements of EVV PCS providers. The purpose of this bulletin is to provide the following updates to MMP 23-42:

- Clarification on PCS congregate settings that do not require EVV;
- Revised table of CHAMPS Provider Enrollment to reflect changes in the CHAMPS provider matrix; and
- Date added for when NPIs can be entered into CHAMPS.

**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 State 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                   | 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.

Effective August 1, 2023, 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; and
- Living Facilities or private homes where PCS are provided 24 hours a day and a caregiver furnishes services to three or more individuals throughout a shift.

The settings listed above are not required to meet the provider enrollment requirements detailed in this policy.

**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 that providers will need to meet.

**Provider Enrollment Requirements**

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

| Provider            | Program                       | Enrollment Type | Provider Name       | Specialty                                  | Subspecialty                           |
|---------------------|-------------------------------|-----------------|---------------------|--|--|
| Individual          | Community Transition Services | Atypical        | Atypical Individual | Community Transition Services              | Home and Community Based Personal Care |
|                     | Home Help                     |                 |                     | Home Help (Individual)                     | No Subspecialty                        |
| Agency              | Community Transition Services |                 | Atypical Agency     | Community Transition Services              | Home and Community Based Agency        |
|                     | Home Help                     |                 |                     | Home Help (FAO)                            | No Subspecialty                        |
|                     | Behavioral Health             |                 |                     | Home and Community Based Services Agencies | Community Living Supports              |
|                     | MI Choice                     |                 |                     |  | Expanded Community Living Supports     |
|                     | MI Health Link                |                 |                     |  | Personal Care Services                 |
| Fiscal Intermediary | Behavioral Health             |                 | Fiscal Intermediary | Fiscal Intermediary                        | Community Living Supports              |
|                     | MI Choice                     |                 |                     |  | Expanded Community Living Supports     |
|                     | MI Health Link                |                 |                     |  | Personal Care Services                 |
|                     | MI Health Link                | 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 December 18, 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 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.

### **Public Comment**

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Emily Frankman at [FrankmanE@michigan.gov](mailto:FrankmanE@michigan.gov).

Please include "Update to Provider Enrollment of Electronic Visit Verification (EVV)-Required Personal Care Services Providers" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

### **Manual Maintenance**

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

### **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 800-292-2550. Atypical Providers may phone toll-free 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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