

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

Program	Procedure Code	Service Description
Behavioral Health	H2015	Community Living Supports (CLS)
	T1005	Respite Care, per 15 minutes*
Community Transition Services	T1019	Personal Care Services (PCS), per 15 minutes
Home Help	N/A	PCS†
MI Choice	H2015	Comprehensive Community Support Services, per 15 minutes
	S5150	Unskilled Respite Care, not Hospice, per 15 minutes
MI Health Link	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/ Direct Care Worker	No	No
Community Transition Services	Agency Provider	YES	YES
	Individual Provider/ 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/ Direct Care Worker	No	No
MI Health Link	Agency Provider	YES	YES
	Fiscal Intermediary	YES	YES
	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 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.

For information regarding provider enrollment and how to begin, visit the MDHHS website at 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.

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.

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. 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 >> Policy, Letters & Forms.

Approved



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