MARYLAND
Department of Health

Electronic Visit Verification (EVV) Policy Guide

Community First Choice, Community Personal Assistance, Increased Community Services, and Community Options Waiver Edition

Maryland Department of Health's (MDH) Electronic Visit Verification (EVV) system is a smartphone application and phone-based electronic billing system for providers giving in-home personal assistance services to eligible Medicaid participants. The Maryland Department of Health (MDH) implemented EVV in 2013, replacing the previous paper billing method used by most personal assistance providers.

Who Uses EVV?

All providers giving direct services to Medicaid participants in the following programs must use the EVV System when providing services:

- Community First Choice **(CFC)**
- Community Options **(CO)**
- Community Personal Assistance Services **(CPAS)**
- Increased Community Services **(ICS)**

Requirements to bill using EVV:

1. The Participant is enrolled in Medicaid and is enrolled in the CFC, CO, ICS, or CPAS program.
2. The Agency is enrolled as a type 76 Medicaid provider and is eligible to give services.
3. The Plan of Service (POS), with all needed signatures, has been submitted to MDH **AND** the MDH POS Unit has reviewed and approved the submitted POS.
4. The provider has verified a participant's eligibility for Maryland Medicaid benefits by calling the Eligibility Verification System at 1-866-710-1447 or by going to the website, https://encrypt.emdhealthchoice.org/emedicaid/

NOTE: Providers will not be paid for services billed prior to the effective date listed on the participant's active and approved POS. Refer to COMAR 10.09.53.04 for specific requirements on Waiver Eligibility (i.e., no retroactive eligibility).

Updated August 2025 (supercedes all previous versions)

Definitions of Common Terms

Below are common terms used in the Provider Portal and Reference and Policy Guides

Supports Planner (SP)	Coordinator of services between a participant, their providers, and MDH. The SP manages the participant's Plan of Service (POS).
Plan of Services (POS)	A document in LTSS*Maryland* that lists services a participant is authorized to receive.
Personal Assistance Service (PAS)	Service type provided to a single participant at a given time. Refer to COMAR 10.09.84.06 and 10.09.84.14 for additional information regarding the provision of PAS.
Shared Attendant Service	Service type provided to participants who live together. Allows a single provider to clock-in and -out for two participants at the same time. Must be authorized on participant's POS.
One Time Password (OTP) Device	A device issued by a Supports Planner if the participant does not have a reliable phone. The device generates a random six digit code every 60 seconds that can be traced back to a specific date and time. Used to verify service times.
Service Record (in Provider Portal)	A "closed" or "complete" shift is created when a provider calls into the EVV system at the beginning of a shift ("clock-in") and end of a shift ("clock-out").
Claim	A combination of one or more services bundled together to form one claim that is generated on a nightly basis. Submitted based on the provider, participant, participant POS information, and date of service.
Exception	A service held off from submission for billing. This is generated if there is an issue requiring review by the provider.

Important Notes and Links

- In the event of a public health emergency or state of emergency, the approval of federal disaster relief under the Medicaid State Plan, Emergency Preparedness and Response Appendix K, or other State and/or federal authorities may supersede this policy, standards, and requirements.
- Live-in caregivers may request exemption from some EVV service recording requirements. Providers who believe an employee may be eligible for an exemption should work with the Supports Planner to submit a form at this link.
- The Provider Portal Reference Guide (Under Community Options/ Community First Choice) provides specific training and expanded guidance on many Medicaid policies.
- Maryland State agency regulations are compiled in the Code of Maryland Regulations (COMAR). Specific COMAR chapters are referenced within this document.
- As part of the Medicaid provider application agreement, all providers must adhere to the Health Insurance Portability and Accountability Act (HIPAA) privacy rule. This rule sets standards for protecting the privacy of personal health information (PHI). A summary is available on the US Department of Health and Human Services website.
- The Maryland Department of Information Technology (DoIT) provides specific requirements within its State of Maryland Information Technology Security Manual. This manual is referenced within this document.

Important EVV Policies - Summary and References

Policy	Explanation	Dates	Guidance
1. Using the ISAS System			
1.1 Training Staff	All staff must have a staff profile, including a valid and accurate social security number, in the Provider Portal prior to the staff's first service. Agencies are responsible for properly training all Staff Providers on how to use the EVV system before providing services.	Effective date: 10/3/2013	COMAR 10.09.84.06, 10.07.05.11 Provider Portal Reference Guide Section 1.0
1.2 Requirements for Recording Services with EVV	Staff providers must use the LTSS*Maryland* EVV Mobile App when clocking in and out. If the mobile app is not available, staff providers must use offline mode or the ISAS Telephone EVV with a phone number that is authorized in the participant's LTSS*Maryland* client profile to record their service times. Use of an unauthorized phone number will be investigated and will impact provider payment. .	Effective date: 1/31/2014 Added to Guide: 10/11/2018	COMAR 10.09.36.04 Provider Portal Reference Guide Section 1.0
1.3 Service Information Must be Accurate	The service times, staff name, and staff social security number listed on a service must be accurate. Providing incorrect/inaccurate information is considered fraudulent billing and is subject to denial or recovery of payment.	Effective date: 10/3/2013 Added to Guide: 10/11/2018	Provider Portal Reference Guide Section 1.0
1.4 Creating Profiles in Provider Portal	All administrators/office staff accessing the Provider Portal must have a unique user name and password. The sharing of log-in credentials and/or passwords is strictly prohibited.	Effective date: 2/3/2013 Added to Guide: 10/11/2018	DoIT Info Security Policy: Identification and Authorization Control Requirements Provider Portal Reference Guide Section 1.0
2. OTP Policy			
2.1 OTP Device Must Stay With the Participant	An OTP device must always remain with the participant to whom it has been assigned. It is considered fraudulent behavior for a provider to take the OTP device out of the participant's possession.	Effective date: 10/3/2013	Guidance sent to all providers Provider Portal Reference Guide Section 1.2
3. Service-Related Policies			
3.1 Protection of Confidential Information	Providers must not share Protected Health Information (PHI). When emailing EVV please only send the following: Client first initial of first name, client full last name, and last 4 digits of the client's MA#.	Effective date: 10/3/2013	HIPAA Legislation

3.2 Payment Only for Direct Services	Providers will only be paid for direct services provided to participants. Direct services require that the provider be physically present with the participant and assisting the participant with ADLs/IADLs. The following do NOT constitute direct services and cannot be paid: -Running errands without the participant present. - Services provided to the participant while under the care of another entity (e.g. admitted to the hospital, a nursing/rehab facility, imprisoned, etc.) - Services registered while the staff provider is sleeping.	Effective date: 10/3/2013 Clarification Added: 10/11/2018	COMAR 10.09.84.02, 10.09.20.13, 10.09.20.01
3.3 Verifying Eligibility	MDH can only reimburse providers for services provided to eligible participants. Providers must check participants' eligibility at the beginning of each month that services will be rendered by calling the EVS system at 1-866- 710-1447.	Effective date: 10/3/2013 Clarification Added: 5/11/2018	COMAR 10.09.36.03 Provider Portal Reference Guide Section 2.0
3.4 Must Continue Clocking In and Out During Periods of Ineligibility	If the participant has lost eligibility and/or filed an appeal to regain eligibility, the provider can choose to continue providing services at their own risk in hopes that the participant regains eligibility and/or wins the appeal. Providers will not be paid during periods of participant ineligibility. Important: If eligibility is regained, the provider will receive retroactive pay only if staff continued to use EVV to clock in/out for services provided during the period of ineligibility. If the staff did not use EVV, payment will not be issued.	Effective date: 10/3/2013	COMAR 10.01.04.10, 10.09.24.12, 10.09.24.15, 42 C.F.R §431.200
3.5 Emergency Services	All Emergency Hours must be submitted by the Supports Planning Agency as part of the participants authorized and active plan of service. Providers providing emergency services must: (1) Be authorized in the "Emergency Service(s)" section of the POS, (2) clock in and out of EVV when providing services, and (3) not exceed the total authorized hours in the POS. Emergency services can be provided up to 7 days per incident (12 hours per day) without revising a POS.	Effective date: 4/2/2015 Clarification Added: 5/11/2018	COMAR 10.09.36.04 Guidance sent to all providers
3.6 Participants Cannot Receive Services in a Provider – Owned/Controlled Residence	Provider-owned or controlled residences do not meet the definition of a "home" and therefore MDH will NOT cover personal assistance services provided in these settings.	Effective date: 2/12/2018 Added to	COMAR 10.09.84.02, 10.08.84.14

		Guide: 5/11/2018	
3.7 Participants Cannot Receive Services From Their Representative	An agency may NOT assign a participant's authorized representative to provide services to that participant. "Representative" means: - The person authorized by the participant to serve as a representative in connection with the provision of Community First Choice services and supports. - The individual who signs the Plan of Service (POS) on the participant's behalf. - Any individual who makes decisions on behalf of the participant related to the participant's POS. - A legal guardian of the participant. - The parent or foster parent of a dependent minor child.	Effective date: 2/12/2018 Added to Guide: 5/11/2018	COMAR 10.09.84.02, 10.09.84.06
4. Exception Resolution Policies			
4.1 No Payment for Overlapping Services	Unless authorized for shared attendant services, providers cannot be paid for service times that overlap.	Effective date: 10/3/2013	COMAR 10.09.36.01 Provider Portal Reference Guide Section 3.0
4.2 Missing Time Submission Deadline	Missing Time Requests (MTRs) must be submitted within thirty (30) calendar days from the original Date of Service.	Effective date: 4/1/2014	COMAR 10.09.36.04 Provider Portal Reference Guide Section 2.1
4.3 Four (4) Missing Time Limit	Unless a valid and verifiable excuse is given, MDH will only approve up to 4 MTRs per month per staff provider.	Effective date: 6/1/2016	COMAR 10.09.36.04 Guidance sent to all providers
5. Payment Policies			
5.1 Year Deadline for Claim Adjustments	No claims may be paid or adjusted after more than a year has passed since the date of service.	Effective date: 10/3/2013	COMAR 10.09.36.06 Provider Portal Reference Guide Section 2.1
5.2 Repayment of Over-Paid Funds	A provider must reimburse MDH for any overpayment of funds.	Effective date: 10/3/2013	COMAR 10.09.36.07
5.3 EVV Work Week	The EVV workweek is from Thursday to Wednesday.	Effective date: 9/11/2014	Guidance sent to all providers Provider Portal Reference Guide Section 2.0

5.4 POS Hours	MDH will only pay providers up to the amount of hours that are pre-authorized on a participant's Plan of Service (POS). The system will automatically cut any hours that exceed the POS and these services will not be paid.	Effective date: 4/2/2015	COMAR 10.09.54.04 Provider Portal Reference Guide Section 1.0
5.5 Twelve Hour Limit for Personal Assistance Services	MDH will not pay the 15 minute unit rate for more than 12 hours per day of personal assistance. MDH will pay a flat rate for each pre-authorized day of service over 12 hours if the participant's Plan of Service (POS) authorizes Daily Personal Assistance Services for that day. Services that exceed 12 hours in a day will be cut to 12 hours (48 units) if the participant is not pre-authorized for Daily Personal Assistance Services and the additional hours will not be paid.	Effective date: 5/1/2017 Added to Guide: 10/11/2018	Provider Portal Reference Guide Section 1.0

Contacts and Resources

Types of Questions	Office	Contact Information
Billing Questions Policy Questions	EVV Billing Support	Provider Portal Support Contact Form
Technical Issues, "How To" Questions, Registration	EVV Technical Help Desk	E-mail: mdh.ltsshelpdesk@maryland.gov Phone: 1-855-4MD-LTSS (1-855-463-5877)
OTP Device Issues, Plan of Service questions, Client Eligibility Issues	Supports Planner	Specific to Client
Agency Change of Address/ PH#, Provider Enrollment	MDH CO and CFC Waiver Unit	MDH.coproviders@maryland.gov 410-767-1739
eREP Provider Enrollment	Medicaid Provider Services	Maryland ePREP Hotline 1-844-463-7768
Register for Direct Deposit, Missing Checks	Maryland Comptroller	1-800-638-2937 410-260-7980