WEEKLY PULSE | ISSUE 13

HomeCare

Weekly Pulse

Monday, September 14, 2026

MICHIGAN | ILLINOIS | FLORIDA | VIRGINIA | TEXAS | OHIO
PENNSYLVANIA | OREGON | MASSACHUSETTS | INDIANA

The Medicaid, payer, EVV, enrollment, authorization and operating changes that matter to home care agencies.

THE LEAD

Virginia is ending the live-in caregiver EVV exemption October 1.

This is the biggest home-care operations change I found this week. Starting October 1, live-in aides and attendants who provide personal care, respite or companion care in Virginia will have to use an EVV-compliant method just like everyone else. That includes both agency-directed and consumer-directed care.

OCT 1	SEP 30	OCT 11	OCT 1	OCT 1
VA EVV	IN FORM	IL COMMENT	FL CMS	IL ELIG.

THE ONE THING I WOULD DO

Find every live-in caregiver case now and make sure the worker can actually use EVV before October 1.

For consumer-directed care, DMAS specifically says the F/EA web portal is not an EVV-compliant way to clock the shift. Do not wait until the first October visit to find out a worker has never used the mobile app or IVR.

Research current through September 14, 2026.

MCO DENIAL SNAPSHOT

For the first time, MCO is offering a free Denial Snapshot.

We get a lot of questions about denials. Why was this claim denied? Why is A/R growing? Is it authorization, eligibility, EVV, the payer, or something happening inside the agency? After hearing the same questions over and over, we decided the most useful thing we can do is look at the agency's actual data.

1

WHY WE'RE DOING IT

There are a lot of opinions about denials. Your own remittance and A/R data will usually tell us where to start.

2

WHAT WE LOOK AT

Recent remittance activity and the current A/R. We are looking for patterns, not just one bad claim.

3

WHAT WE SHOW YOU

Which payers are driving denials, the common reasons, the bigger dollar concentrations and what still looks unresolved.

4

WHAT IT COSTS

Nothing. The Denial Snapshot is free to the agency.

5

WHAT HAPPENS FIRST

Fill out the short interest form. I'll personally call you before we ask for anything else.

THE POINT

You should know where your revenue is getting stuck before you spend money trying to fix it.

DENIAL SNAPSHOT | HOW IT WORKS

Simple. Fill out the form. I'll call you.

If it looks like the Snapshot makes sense for your agency, I'll explain what we need and how it works. There is no obligation to buy anything afterward.

1

INTEREST FORM

Tell us a little about the agency and what you are seeing.

2

QUICK CALL

I'll call you, learn what is going on and explain the Snapshot.

3

SNAPSHOT

If it makes sense, we review recent remittance activity and current A/R.

4

REVIEW

We show you where the denied and unresolved dollars are concentrated.

5

IF IT LOOKS CLEAN

Great. You have a clearer picture and there is nothing else you need to buy from us.

6

IF WE FIND A PROBLEM

If you want help fixing the underlying workflow, that is where the MCO Revenue Analysis comes in.

SNAPSHOT VS. REVENUE ANALYSIS

The free Snapshot shows you where the problem appears to be. If you want help fixing why it keeps happening, the MCO Revenue Analysis goes deeper into the workflow behind it.

THIS WEEK IN THE PULSE

Virginia has the biggest change: live-in caregivers lose the EVV exemption October 1. Illinois has a new MFTD waiver proposal, Texas has a useful respite billing warning, Indiana is dropping one enrollment form at the end of the month, and Michigan clarified the timing of its MiLogin change. Florida's CMS Plan cutover is also close enough that I would be finishing setup now. Ohio, Pennsylvania, Massachusetts and Oregon are quiet this week for broad home-care revenue changes.

TEN-STATE HOMECARE PULSE

MICHIGAN

Correction: Michigan is now listing the HHAeXchange MiLogin cutover for October. TIMING UPDATE

WHO THIS AFFECTS HHAeXchange Portal users.

Last week I said September. Michigan's EVV pages now say that as of October 2026, HHAeXchange Portal users will be required to access HHAeXchange through MiLogin. Payer and Provider Agency users use MiLogin for Business. Certain Services Portal employer-of-record users use MiLogin for Citizens. I would rather correct the date than leave a bad deadline in the Pulse.

WHAT TO DO

- Keep any MiLogin setup you already completed.
- Validate the existing HHAeXchange credentials and portal administrator access now.
- Do not wait for the exact October cutover day to get users set up.

ILLINOIS

Illinois proposes a new paid CNA option for some parents and guardians in the MFTD Waiver. PROPOSED

WHO THIS AFFECTS Medically Fragile, Technology Dependent Waiver members under age 21 and providers serving them.

HFS posted a proposed waiver amendment September 11 that would add a Legally Responsible Adult as a Certified Nursing Assistant service. If approved by CMS, it would allow legally responsible adults to provide CNA services to eligible members under 21. The proposed effective date is January 1, 2027, or when CMS approves it. Public comments are open through October 11.

WHAT TO DO

- If you serve MFTD members, read the proposal and think through the staffing, supervision and payroll impact.
- Submit comments by October 11 if the proposal creates a real operational or access issue for your agency.
- Do not change hiring or billing yet. This is still a proposal.

FLORIDA

No new home-care rule this week. The CMS Plan cutover is now close. OCT 1

WHO THIS AFFECTS Providers serving current Children's Medical Services Plan members.

Molina is scheduled to begin operating the CMS Plan statewide October 1. AHCA says current members transition automatically and existing appointments, prescriptions and prior authorizations will be honored. With about two weeks left, I would treat this as setup work now, not future planning.

WHAT TO DO

- Finish Molina provider setup and internal payer mapping now.
- Home Health training is scheduled for September 24; PDN/FHHA training is scheduled for September 29.
- Make sure the billing team knows which payer route applies beginning October 1.

TEN-STATE HOMECARE PULSE | CONTINUED

VIRGINIA

Virginia ends the live-in caregiver EVV exemption October 1. BIG CHANGE

WHO THIS AFFECTS Agency-directed aides and consumer-directed attendants providing personal care or assistance, respite, or companion care.

DMAS says that beginning October 1, all of these workers must use an EVV-compliant method to record and submit shifts, including live-in caregivers. For consumer-directed care, the F/EA mobile app or IVR can be used. The F/EA web portal does not count as EVV-compliant for this purpose.

WHAT TO DO

- Identify every live-in caregiver case before October 1.
- Make sure the worker and employer know which EVV method they will use and test it before the first October shift.
- Do not assume a portal-entered shift satisfies the new requirement.

TEXAS

Texas says CLASS and DBMD respite billing has to match both the unit math and EVV. BILLING REMINDER

WHO THIS AFFECTS CLASS and DBMD providers billing in-home respite services.

TMHP issued a September 9 reminder that in-home respite time has to be converted to billable units using the state's day-based conversion, and the billed service must have a matching accepted EVV visit transaction. The example TMHP gives is 2 hours and 15 minutes: the correct billed unit is .09, not 2.25. Billing 2.25 can create an overpayment that may later be recouped.

WHAT TO DO

- Check the claim build or billing process that converts respite time into units.
- Require a matching accepted EVV visit before the claim is released.
- Audit a sample of recent respite claims for wrong unit math before a recoupment finds it for you.

OHIO

No new broad home-care change this week. The September 3 PDN rules are already live.

QUIET WEEK

WHO THIS AFFECTS Home health and private duty nursing providers.

I did not find a new statewide home-care billing, EVV or authorization change from September 9 through September 14. The PDN authorization and provider rules that took effect September 3 remain the current change to work from.

WHAT TO DO

- Spot-check a PDN case and make sure the authorization route matches the member's payer or waiver.
- If your September 3 workflow updates are already in place, there is nothing new to add this week.
- Keep watching ODM and the Ohio Administrative Code for changes that actually affect home-care operations.

TEN-STATE HOMECARE PULSE | CONTINUED

PENNSYLVANIA

Nothing new to change home-care workflow this week. QUIET WEEK

WHO THIS AFFECTS Pennsylvania Medicaid home-care providers.

OMAP posted updates during the week, but I did not find a new broad home-care billing, EVV or authorization item through September 14. I am not repeating last week's date-of-death recovery alert just to fill space.

WHAT TO DO

- No new statewide home-care SOP change this week.
- Keep current remittance adjustments and claim exceptions moving to resolution.
- Watch OMAP alerts for something that actually changes a billing or operating decision.

INDIANA

Indiana removes one rendering-provider form September 30. ADMIN CHANGE

WHO THIS AFFECTS Groups adding already-enrolled rendering providers and providers completing certain revalidation transactions.

IHCP says that beginning September 30, the Rendering Provider Agreement and Attestation Form will no longer be required for new group enrollments when the rendering providers are already enrolled, maintenance requests that add already-enrolled rendering providers to a group, and revalidations. The form is still required for new rendering-provider enrollments and OPR-to-rendering conversions.

WHAT TO DO

- Keep using the current form rules through September 29.
- Update the enrollment checklist on September 30 for the transactions Indiana specifically removed it from.
- Do not remove the form from new rendering-provider enrollments or OPR-to-rendering conversions.

TEN-STATE HOMECARE PULSE | CONTINUED

MASSACHUSETTS

No new MassHealth home-care bulletin this week. QUIET WEEK

WHO THIS AFFECTS MassHealth home health, CSN, PCA and related home-care providers.

I did not find a new MassHealth home-care bulletin or remittance message from September 9 through September 14 that requires a broad billing, authorization or EVV workflow change. Last week's Provider Handbook item remains a navigation resource, not a new billing rule.

WHAT TO DO

- No new statewide home-care process change this week.
- Keep working current eligibility, authorization and claim exceptions.
- Use the governing provider manual, regulation or bulletin when a question comes up.

OREGON

No new statewide home-care billing or EVV change this week. QUIET WEEK

WHO THIS AFFECTS Oregon Health Plan and Medicaid LTSS/home-care providers.

I reviewed the OHA provider announcements and home health resources through September 14 and did not find a new broad home-care billing, EVV or prior-authorization change that warrants a workflow rewrite this week.

WHAT TO DO

- No new statewide home-care control to add this week.
- Keep current authorization, eligibility and claim exceptions moving.
- Continue watching OHA Provider Matters and OHP provider announcements for a change that applies to your service line.

DATES THAT MATTER

A few dates are close enough now that I would put them on the calendar.

SEP 24	Florida: Molina CMS Plan Home Health provider training.	SEP 29	Florida: Molina CMS Plan PDN/FHHA provider training.
SEP 30	Indiana: rendering-provider form change takes effect.	SEP 30	Florida: Familial Dysautonomia Waiver comment period closes.
OCT 1	Virginia: live-in caregiver EVV exemption ends.	OCT 1	Virginia: new CCC Plus waiver forms are required for authorization work.
OCT 1	Florida: current CMS Plan members transition to Molina.	OCT 1	Illinois: federal noncitizen Medicaid eligibility changes take effect for affected members.
OCT 11	Illinois: comments close on the proposed MFTD LRA-CNA waiver amendment.	OCT 2026	Michigan: HHAeXchange Portal access moves behind MiLogin.

THIS WEEK'S SHORT LIST

If I were running the revenue side of an agency this week, these are the items I would check first.

1 **VIRGINIA** Identify every live-in caregiver case and test the EVV method before October 1.
2 **TEXAS** Audit CLASS/DBMD respite unit math and make sure the EVV visit is accepted before billing.
3 **MICHIGAN** Use the corrected October timing and finish MiLogin setup now.
4 **FLORIDA** Finish CMS Plan payer setup and get the right staff into the September training.
5 **INDIANA** Update the rendering-provider enrollment checklist for the September 30 form change.
6 **ILLINOIS** If you serve MFTD members, review the LRA-CNA proposal before the October 11 comment deadline.
7 **OHIO** Verify the September 3 PDN authorization routing changes actually made it into the workflow.
8 **PA / MA / OR** No new broad home-care rule this week. Do not create work that is not there.

BY FRIDAY, I WOULD WANT THREE YES ANSWERS

- [ ] Every Virginia live-in caregiver case has an EVV plan before October 1.
- [ ] Every October 1 payer, eligibility or authorization change affecting our clients has a named owner.
- [ ] We checked at least one high-dollar denial category instead of guessing where the problem is.

CLOSING BRIEF

Virginia is the one I would not wait on.

THE BOTTOM LINE

Know which changes actually affect your clients, fix those first, and stop guessing about where the revenue problem is.

THE BOTTOM LINE THIS WEEK

The live-in EVV change can turn into a missed or unbillable visit pretty quickly if a worker has never used the system. The other items this week are smaller, but they hit the same places agencies usually lose money: billing units, payer setup, enrollment paperwork and eligibility.

Handle the changes that apply to your agency and leave the rest alone.

QUESTION FOR OPERATORS

If you could see one thing clearly in your denial data this month, what would you want to know first?

- JB
Julio Barea | Publisher & Editor | My Care Operator

SOURCE NOTES

1. Virginia DMAS, “Electronic Visit Verification—Live-In Requirement Effective 10/1/2026,” bulletin dated Sept. 9, 2026.
2. Illinois HFS, public notice dated Sept. 11, 2026, proposed MFTD Waiver amendment adding Legally Responsible Adult as a CNA service.
3. Texas Medicaid & Healthcare Partnership, “Reminder: Billing In-Home Respite Services in CLASS and DBMD Programs,” Sept. 9, 2026.
4. Michigan MDHHS EVV program pages and HHAeXchange MiLogin notice, reviewed Sept. 14, 2026.
5. Florida AHCA CMS Plan Transition resources and Molina CMS Plan provider training schedule, reviewed Sept. 14, 2026.
6. Ohio Administrative Code, Chapter 5160-12, including PDN and home-health rules effective Sept. 3, 2026.
7. Pennsylvania DHS/OMAP, What’s New at OMAP and PROMISe Remittance Advice Alerts reviewed through Sept. 14, 2026.
8. Indiana Health Coverage Programs, BT2026149, Sept. 8, 2026, Rendering Provider Agreement and Attestation Form changes effective Sept. 30, 2026.
9. MassHealth, 2026 Provider Bulletins and September 2026 Remittance Advice Message Text reviewed through Sept. 14, 2026.
10. Oregon Health Authority, Provider Matters, OHP provider announcements and Home Health Services resources reviewed through Sept. 14, 2026.