



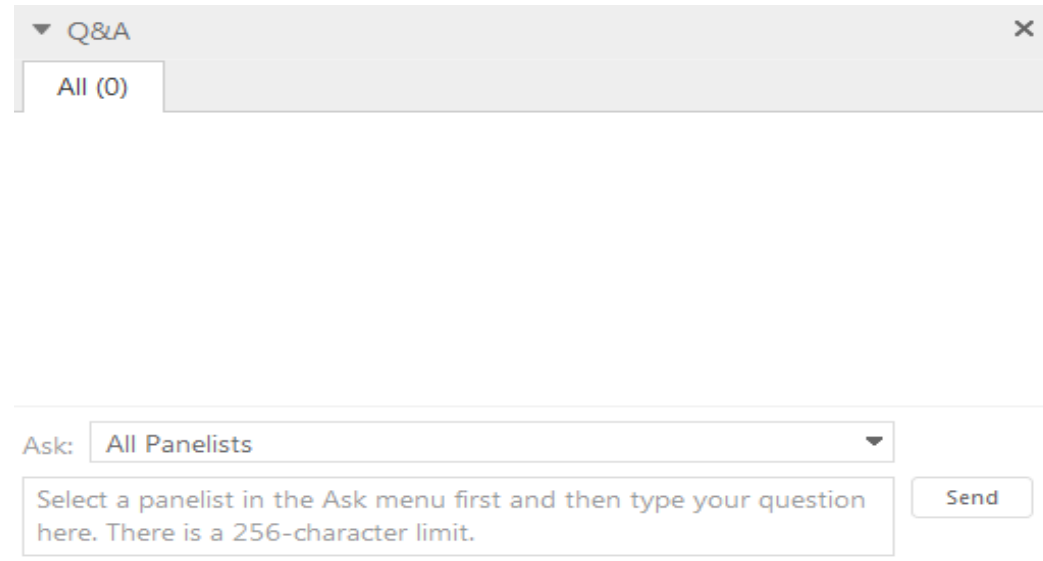
**DEPARTMENT OF
HUMAN SERVICES**

Electronic Service Delivery Documentation

Disability Services Division

Participating today

We will take questions over the phone at specific times, or you can use the WebEx Q&A Panel



The screenshot shows a WebEx Q&A panel interface. At the top, there is a header bar with a dropdown arrow and the text "Q&A" on the left, and a close button "x" on the right. Below the header, there is a tab labeled "All (0)". The main area of the panel is currently empty. At the bottom, there is an "Ask:" dropdown menu with "All Panelists" selected. Below the dropdown is a text input field with the placeholder text "Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit." To the right of the text input field is a "Send" button.

Select “All Panelists”, type your question, and click Send.

Welcome and Introductions

Facilitator: Sarah Small, Management
Analysis and Development

DHS Staff: Sarah Schultz, Disability
Services

Project Overview

- ▶ Recommendations due to MN Legislature by January 15th, 2018
- ▶ September and October: Stakeholder engagement process
 - ▶ Stakeholder Working Group
 - ▶ Community Conversations
- ▶ November and December:
 - ▶ Report writing, review and approval

Agenda

- ▶ Presentations
 - ▶ Overview
 - ▶ Models for implementation
 - ▶ EVV options and features
- ▶ Open forum and discussion - phone and/or webinar based

21st Century Cures Act

Electronic Visit Verification (EVV) for:

- ▶ personal care services by January 2019
- ▶ home health services by January 2023

Personal care services include services authorized through the Medicaid State Plan and the Medicaid waivers.

21st Century Cures Act

Electronic Visit Verification must verify:

- ▶ Type of service performed
- ▶ Who received the service
- ▶ Date of service
- ▶ Location of service delivery
- ▶ Who provided the service
- ▶ When the service begins and ends

21st Century Cures Act

States must work with stakeholders involved with personal care and home health to ensure:

- ▶ EVV is “minimally burdensome”
- ▶ Consideration of best practices and existing use of EVV
- ▶ EVV system is HIPAA-compliant and secure
- ▶ Training opportunities are available to providers of personal care and home health services

21st Century Cures Act

- ▶ EVV must not
 - Limit services provided
 - Limit provider selection
 - Constrain an individual's selection of a worker
 - Impede the manner in which care is delivered
- ▶ States are not required to use a particular or uniform system
- ▶ CMS is required to issue detailed guidance in 2017

2017 Minnesota Session Laws

What's different or in addition to federal requirements?

Minnesota Department of Human Services (DHS) must:

- ▶ consider other electronic service delivery documentation methods in addition to EVV
- ▶ consider existing best practices and use of electronic service delivery documentation

2017 Minnesota Session Laws

Minnesota Department of Human Services (DHS) must ensure that EVV is:

- ▶ minimally administratively and financially burdensome to providers
- ▶ minimally burdensome to people using services and least disruptive to services
- ▶ consistent with policies related to covered services, flexibility of service use, and quality assurance

2017 Minnesota Session Laws

DHS must:

- ▶ ensure that EVV is effective for preventing fraud when balanced with the requirements to minimally burden providers and people using services.
- ▶ establish baseline measurements related to fraud prevention and performance measurements for the improvement of program integrity.

2017 Minnesota Session Laws

DHS must submit a legislative report by January 15, 2018 with recommendations for:

- ▶ essential elements for a base-level system to be implemented by 2019
- ▶ enhancements to the system with cost projections and cost/benefit analysis
- ▶ elimination of regulations deemed inefficient, ineffective or unnecessary once the system is implemented

EVV and person-centered services

Tips on EVV implementation from Applied Self Direction

- ▶ People using personal care services live in cities, small towns, on farms and remote communities.
 - An EVV system needs to have flexibility and adaptability related to internet access or mobile devices. A successful EVV system will accommodate limited or no internet access where personal care service is delivered.

EVV and person-centered services

Tips on EVV implementation from Applied Self Direction

- ▶ Like all of us, people using personal care services experience last-minute changes and unexpected challenges.
 - An EVV system should avoid rigid scheduling rules. A successful EVV system will allow for ease of schedule changes based on the person's needs.

EVV and person-centered services

Tips on EVV implementation from Applied Self Direction

- ▶ People may not always be able to call in the moment work begins or end the shift as soon as work ends. Mistakes will also happen. Correcting our errors is an everyday experience and should not result in financial hardship.
 - An EVV system should not make it difficult to retroactively adjust shift start or end times nor create lengthy payment delays when mistakes happen. A successful EVV system will facilitate efficient communication for problem-solving when mistakes occur.

EVV and person-centered services

Tips on EVV implementation from Applied Self Direction

- ▶ People using personal care services are typically on the go – running errands, meeting friends, going to work, enjoying their hobbies & living full lives in the community.
 - An EVV system should be as mobile as the people using it. A successful EVV system will support individuals to get services wherever the person lives his/her life and not only in the home or nearby the home.

EVV and person-centered services

Tips on EVV implementation from Applied Self Direction

- ▶ People using personal care services have responsibilities for directing their services. Individuals approving their workers' timesheets is a critical component of participant direction.
 - An EVV system should be designed to keep participants "in the driver's seat." A successful EVV system will provide a variety of accessible means for people to approve service hours, using both innovative and standard technologies.

Questions?



Models for Implementation

- ▶ Provider choice
- ▶ State choice/state developed
- ▶ Hybrid

Provider Choice

- ▶ Providers select an EVV vendor and fund implementation
- ▶ States can set standards EVV vendors must meet or recommend a preferred list of vendors

Considerations:

- ▶ May support or accommodate existing use and investments in EVV by providers
- ▶ Allows providers to choose system that suits them best
- ▶ May be burdensome or infeasible for small providers
- ▶ People may have multiple systems to learn when changing providers
- ▶ Challenging for the state to provider oversight

State Choice

- ▶ State contracts with single EVV vendor that all providers must use

Considerations:

- ▶ Providers have one system to integrate with and train on.
- ▶ People using services have one system to adapt to.
- ▶ Ease of oversight by the state.
- ▶ Greater cost-sharing by the state. May reduce burden on providers.
- ▶ Does not account for existing use of EVV by providers
- ▶ Developing RFP and contract negotiations may create longer timeline

State Developed

- ▶ States create and manage a customized EVV system with the assistance of a contractor

Considerations:

- ▶ Providers have one system to integrate with and train on.
- ▶ Does not account for existing use of EVV by providers.
- ▶ People using services have one system to adapt to.
- ▶ Customized system may better meet needs.
- ▶ Greater cost-sharing by the state
- ▶ Longer timeline to implementation
- ▶ State has greater responsibilities for design, maintenance, and training.

Hybrid

- ▶ States contract with one EVV vendor or build a customized system but allow providers to use their own EVV systems that integrates with state system.
- ▶ States can set standards EVV vendors must meet or recommend a preferred list of vendors

Considerations:

- ▶ Providers have a choice of systems to integrate with and train on.
- ▶ People using services may have multiple systems to learn when changing.
- ▶ Easier oversight by the state.
- ▶ Greater cost-sharing by the state. May reduce burden on providers.
- ▶ Accounts for existing use of EVV by providers
- ▶ Developing RFP, contract negotiations, and integration with other systems may create longer timeline

Questions?



EVV systems can include:

One or more of the following

- ▶ An app and website tied to a database:
 - ▶ Uses PCA worker, service recipient or provided device
 - ▶ Tablet or mobile device installed in the service recipient's home
 - ▶ RFID tags and/or QR codes - in the service recipient's home, scanned with PCA worker's phone
- ▶ Telephonic visit verification included as an option in some systems
- ▶ Offline option - a device in the service recipient's home generates an in/out code to be entered by the PCA when connectivity is available

What does verification look like?

One or more of the following:

- ▶ GPS location of the PCA at clock in/clock out, and/or more frequent intervals
- ▶ Photograph of service recipient and PCA worker together at specific intervals
- ▶ Fingerprint verification of PCA worker on mobile device
- ▶ Service recipient signature (on tablet/phone)
- ▶ Biometric voice printing - PCA worker and/or service recipient
- ▶ Still shot or video of caregiving session
- ▶ Swipe recipient's state ID in device carried by the PCA worker
- ▶ Telephonic visit verification using a code generated by a device in the recipient's home

How do EVV systems work in rural areas with limited internet/cellular data connectivity?

- ▶ App based systems: If there is no data connection at the time of service, the EVV system will cache the visit information and transmit once there is a connection
 - ▶ Some systems require transmission within a specific time period (1 week, etc)
- ▶ Some systems offer a device that can be installed in the recipient's home, which generates a code that is entered via phone

Open forum and discussion

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EVV and person-centered services

What does person-centered electronic visit verification mean to you?

In what ways, does electronic visit verification need to be flexible, mobile, and accessible?



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