



**DEPARTMENT OF
HUMAN SERVICES**

Electronic Visit Verification

Disability Services Division

Agenda

- ▶ Welcome
- ▶ Background and context
 - ▶ 21st Century Cures Act
 - ▶ 2017 Minnesota Session Laws
 - ▶ EVV systems
 - ▶ EVV and person-centered services
 - ▶ Stakeholder input
- ▶ Stakeholder engagement process
- ▶ Models of EVV implementation
 - ▶ Provider Choice, State Choice, Hybrid
 - ▶ Stakeholder input
- ▶ Key legislative report recommendations
- ▶ Next Steps: provider survey

Welcome and introductions



Housekeeping

- ▶ We will pause for questions at specific intervals
- ▶ Participants are both in-person and on the webinar/phone
- ▶ Webinar/phone participants are muted
- ▶ Please minimize background noise in the room for the benefit of those on the phone
- ▶ *6 to mute; #6 to unmute
- ▶ Webinar participants can type questions in the Q&A window

EVV Background and Context

- ▶ 21st Century Cures Act
- ▶ 2017 Minnesota Session Laws
- ▶ EVV systems
- ▶ EVV and person-centered services

21st Century Cures Act

- ▶ Scope of services
- ▶ Required data elements
- ▶ Key requirements and principles
- ▶ Federal funding

Required Data Elements - 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

Scope of services - 21st Century Cures Act

By January 1, 2019, EVV is required for personal care services, which include:

- ▶ personal care assistance service
- ▶ community first services and support
- ▶ home and community based services that provide support for activities of daily living or instrumental activities of daily living.

By January 1, 2023, EVV is required for home health services which include services provided by home health agencies and medical supplies and equipment providers.

CMS is to provide additional guidance to states on the scope of services required to be electronically verified by the 21st Century Cures Act

Key requirements - 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

Key principles - 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

Federal funding - 21st Century Cures Act

The Cures Act provides:

- ▶ 90% federal funding to states for costs relating to the design, development, or installation of an EVV system
- ▶ 75% federal funding for the costs of system operation and maintenance

A federal financial penalty will be imposed on states who are have not implemented EVV by the deadlines.

2017 Minnesota Session Laws

- ▶ EVV requirements
- ▶ EVV Legislative report

EVV Requirements - 2017 Minnesota Session Laws

DHS must ensure that the EVV system:

- ▶ is minimally administratively and financially burdensome to a provider;
- ▶ is minimally burdensome to the service recipient and the least disruptive to the service recipient in receiving and maintaining allowed services;
- ▶ considers existing best practices and use of electronic visit verification;
- ▶ is conducted according to all state and federal laws;

2017 Minnesota Session Laws, 1st Special Session, Chapter 6, Article 3, Section 49

EVV Legislative Report - 2017 Minnesota Session Laws

DHS must submit a legislative report 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

Questions?



What must an EVV system do?

Electronic Visit Verification systems 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

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 can EVV verification look like?

Can include 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

EVV and Person-Centered Services

EVV systems should:

- ▶ accommodate use with limited or no internet access
- ▶ allow for flexible scheduling
- ▶ allow users to easily correct errors
- ▶ should be as mobile as its users
- ▶ keep participants in the “drivers seat”

Source: Applied Self Direction

EVV and person-centered services –
accommodate limited or no internet access

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 – allow flexible scheduling

Tips on EVV implementation from Applied Self Direction

- ▶ Like all of us, people using personal care services experience last-minutes 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 – easily correct errors

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 – system should be mobile

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 – keep participants in the “drivers seat”

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.

Burden on People Using Services – What we've heard

- ▶ EVV needs to accommodate service location and schedule realities
- ▶ EVV needs to accommodate persons with disabilities
- ▶ EVV needs to accommodate multiple languages
- ▶ EVV needs to accommodate lack of phone and internet

Burden on Providers – What we've heard

- ▶ Providers want help with the administrative burden of EVV such as useful reports, interfaces, validations
- ▶ Providers are concerned about costs
- ▶ Providers want easy correction of mistakes

Flexibility and Quality Assurance – What we've heard

- ▶ EVV cannot limit when and where services are received
- ▶ EVV must allow best practices in services – for example, providing urgent service instead of waiting to clock in first
- ▶ Providers and persons receiving services want to see the data that will be sent for verification
- ▶ The EVV system should not be so burdensome that it would discourage people from working as PCAs

What is Important about Verification? - What we've heard

- ▶ Some methods of verification are too intrusive and are unacceptable to some people
- ▶ Multiple methods of verification are needed
- ▶ Verification methods must accommodate disabilities and availability of phone and internet

Questions?



Project Timeline Overview - Stakeholder Engagement Process

August through December 2017:

- ▶ Stakeholder Working Group
- ▶ Community Conversations around Minnesota

- ▶ Both Stakeholder Working Group and Community Conversations were open to any interested party

Project Timeline Overview - Legislative Report and Dissemination

- ▶ November and December 2017:
 - ▶ Report writing, review and approval
- ▶ Early 2018 - Recommendations to MN Legislature
- ▶ April 2018 Stakeholder meetings
- ▶ April/May 2018 Provider Survey

EVV Key Stakeholder Input

1. Which model for EVV?
2. What is minimally burdensome for providers?
3. What is minimally burdensome for people using services?
4. What are some considerations related to flexibility and quality assurance?
5. What is important to you about verification?
6. How can an EVV add value for you?

Models for EVV 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

EVV Models - What we've heard

- ▶ Providers who have EVV systems want to keep using them
- ▶ Providers who don't have EVV systems would like the state to provide the system
- ▶ PCAs and persons receiving services are concerned about learning and using multiple systems

How Could EVV Add Value for You? - What we've heard

EVV systems have the potential to:

- ▶ make it easier for people using services to track the hours of service used.
- ▶ interface with other systems such as billing or payroll
- ▶ allow for tracking of travel and other non-billable time
- ▶ check time sheets for overlap/double-booked time, typing errors, etc.

Questions?



Recommendations for EVV in Minnesota

- ▶ Hybrid model with data aggregator
- ▶ EVV features
- ▶ EVV costs
- ▶ Future enhancements

EVV Models - Report Recommendations

- ▶ DHS recommends proceeding with a hybrid model of implementation for electronic visit verification.
- ▶ A hybrid model includes a state-purchased electronic visit verification system(s), but also allows providers to choose an alternative system that meets minimum requirements set by the state.

Key features of recommended MN hybrid model

- ▶ Providers have an option between
 - ▶ State-purchased EVV system to be selected through a Request for Proposals (RFP)
 - ▶ An alternative EVV system that meets minimum requirements set by the state
- ▶ Providers select an EVV system that works best for their business, while maintaining accountability to the state by submitting data to an aggregator.
- ▶ Cost-sharing mechanisms are developed to support providers in meeting this new requirement, including the costs of ongoing use and maintenance

Key features of data aggregator

- ▶ Third-party data aggregator to be selected through a Request for Proposals (RFP)
- ▶ Compiles data statewide regardless of EVV system selected
- ▶ Supports post-payment review of claims for personal care services and home health services subject to EVV.

EVV Features - Report Recommendations

Both state-provided and provider-selected systems must:

- ▶ Be flexible and user-friendly, including allowing access to services provided outside the home
- ▶ Accommodate people with disabilities and follow all state and federal laws, rules, regulations and guidelines
- ▶ Accommodate support in multiple languages
- ▶ Maintain security and privacy

EVV Features - Report Recommendations

Both state-provided and provider-selected systems must:

- ▶ Make alternatives to telephony available to record visit verification
- ▶ Document changes to system data after the provider has recorded their time (e.g., who made the change, date of change, reason for change)
- ▶ Have the capacity to produce reports on service delivery that can be used for verification and audits
- ▶ Have the capacity to accommodate future enhancements (e.g., interfacing with a Global Positioning System, biometric identification).

EVV Costs - Report Recommendations

- ▶ DHS recommends the development of cost-sharing mechanisms to support providers in meeting this new requirement, including the costs of ongoing use and maintenance.
- ▶ DHS would pursue federal approval of an enhanced federal financial participation rate of 75 percent for the costs of the state-provided system operation and maintenance, as well as 90 percent federal funding for the cost of the state-provided system's design, development and installation.

EVV - Potential Future Enhancements

Future enhancements to the state-provided system could include:

- ▶ Integration with billing and claims submission, which would enable pre-payment review of claims
- ▶ Verification of specific details about the type of service provided and adherence to care plans
- ▶ Use of biometric identifiers to verify the identities of the people receiving and providing services (e.g., fingerprints, voice recognition).

Considerations for next steps

To successfully implement EVV by 2019, DHS recommends:

- ▶ continued engagement with people who use services and service providers
- ▶ development of cost-sharing mechanisms to support providers in meeting this new requirement, including the costs of ongoing use and maintenance

Next step: EVV provider survey

- ▶ DHS is conducting a survey to inventory current provider practices related to electronic visit verification.
- ▶ Results will help DHS as we move forward with the development of a Request for Proposals for EVV vendor(s).
- ▶ Please reply to the provider survey. Look for the link to the survey in your MN-ITS mailbox next week.

Questions?





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