

Meeting Title	Electronic Visit Verification (EVV) Learning Collaborative: Accessibility and Inclusivity of Populations Under EVV
Date	Thursday, June 27, 2019
Time and Location	1:00 p.m. – 3:00 p.m. WebEx
Dial-in Information	Dial: 1(833)612-0014 Conference ID: 5884819
Web Conference	https://lewisellis.webex.com
Meeting Facilitator	Centers for Medicare & Medicaid Services (CMS)
Note Taker	Justine Luneau
Attachments	CMS HCBS EVV Learning Collaborative 3 Presentation

PLEASE NOTE: These notes should accompany the slide deck that was reviewed during the EVV Learning Collaborative call. The information captured below is what was covered in addition to the slides and should not be considered a summary of that information.

Agenda Items

Item No.	Topic and Discussion
1.	Introductions
2.	<p>Presentation: Opportunities for Flexibility in States' Compliant EVV Solutions</p> <ul style="list-style-type: none"> • CMS reviewed slide 3 from the presentation and there were no questions. • CMS reviewed slide 4 from the presentation and there were no questions. • CMS reviewed slide 5 from the presentation and there were no questions. • CMS reviewed slide 6 from the presentation and there were no questions. • Slide 7 introduced the Opportunities for Flexibility in States' Compliant EVV Solutions • CMS reviewed slide 8 from the presentation. <ul style="list-style-type: none"> ○ CMS is seeking policy direction on participation of services and applicability of EVV to beneficiaries with live-in caregivers ○ EVV Benefits <ul style="list-style-type: none"> ▪ Greater participant control and reduction in misuse ▪ Better data ▪ Improve quality of care • CMS reviewed slide 9 from the presentation and there were no questions. • CMS reviewed slide 10 from the presentation and there were no questions. • CMS reviewed slide 11 from the presentation and there were no questions. • CMS reviewed slide 12 from the presentation and there were no questions. • CMS reviewed slide 13 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Offline Modes: Systems that employ rural or offline modes can still work throughout the state and still be verified electronically. ○ Scheduling: Allows flexibility to provide scheduling. ○ Secondary Verification: Allow participants to sign off that services have been billed to vendors. ○ Edits and Exceptions: A provider can manually enter a check out time if the provider forgot to do so during the visit.

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	<ul style="list-style-type: none"> ○ States are encouraged to have written policy regarding modification to EVV events / edits. ● CMS reviewed slide 14 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Considerations with implementation: <ul style="list-style-type: none"> ▪ Effect on constituents/consumers (Medicaid Home & Community Based Services (HCBS)) ▪ Implementation and training are ongoing with rate of staff turnover in Personal Care Services (PCS) ▪ Privacy concerns ▪ Interaction with other systems ● CMS reviewed slide 15 from the presentation and there were no questions. ● CMS reviewed slide 16 from the presentation and there were no questions. ● CMS reviewed slide 17 from the presentation and there were no questions. ● CMS reviewed slide 18 from the presentation and there were no questions. ● CMS reviewed slide 19 from the presentation and there were no questions. ● CMS reviewed slide 20 from the presentation and there were no questions. ● CMS reviewed slide 21 from the presentation and there were no questions. ● Slides 22 and 23 introduced the Panel Discussion and all those serving on the panel. ● CMS reviewed slide 24 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Populations affected: <ul style="list-style-type: none"> ▪ Beneficiaries ▪ Home Health Care Workers ▪ Providers ▪ Billing Entities ▪ Intermediaries ● CMS reviewed slide 25 from the presentation and there were no questions. ● CMS reviewed slide 26 from the presentation and there were no questions. ● CMS reviewed slide 27 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Panelist: we think there are some challenges for the provider to “bring your own device”. There is no support for paying for the cost of the device. ○ Panelist: Anchor has partnered with participant agencies and there is a shared concern about location tracking. ○ Panelist: Our preference is not having GPS since it is not required by the legislation. Vendors are willing to remove GPS tracking. ○ Panelist: States might be able to offset the cost of devices depending on how the vendor services and payments are structured. ● CMS reviewed slide 28 from the presentation and there were no questions. ● CMS reviewed slide 29 from the presentation and there were no questions. ● Slide 30 introduced the Solutions for Accessibility. ● CMS reviewed slide 31 from the presentation and there were no questions. ● CMS reviewed slide 32 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Panelist: We think it is important that the EVV system can share programs with self-directed providers. ○ Panelist: We do not recommend moving financial management functionality to an EVV system.

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	<ul style="list-style-type: none"> ○ Panelist: We think while the EVV system is to ensure the quality of care, it is also a way to identify fraud, waste, and abuse. ● CMS reviewed slide 33 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Panelist: We think the EVV system is a busy ecosystem and is a hard system to implement. EVV is very new and can be problematic if the system is not done correctly. ○ Panelist: We strongly suggest that self-directed individuals participate in the stakeholder process. ○ CMS: We think there are some outstanding concerns regarding training and CMS is going to continue to make training opportunities available. ● CMS reviewed slide 35 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Panelist: We suggest States should reach out to advocacy groups and consumer groups in the area to help engage with stakeholders. ● CMS reviewed slide 37 from the presentation and added the following information. <ul style="list-style-type: none"> ○ Panelist: We think the workers misuse the current manual system and do not understand the rules and policies that a state might have in place. ○ Panelist: One of the purposes of EVV is to make unintentional misuse less likely – as intentional misuse will be harder. ○ Panelist: We would like the EVV system to have electronic timesheets because a lot of the cost is dealing with paper timesheets and EVV could be a major efficiency boost. ○ Panelist: We think there is an assumption that there is a lot of fraud, waste, and abuse in the EVV system and there is not a lot of data in the I/DD system. This is a larger conversation about what type of data is needed and how the data should be retrieved. There is potential in any introduction of technology to review the pros. If the device does live at home with the individual receiving services, there is an opportunity for the individual to rate the service delivery and to share concerns. ○ Panelist: The assumption is that the purpose of implementing EVV is to eliminate fraud, waste, and abuse. ● CMS reviewed slide 38 from the presentation and added the following information. <ul style="list-style-type: none"> ○ CMS stated they will send out promising practices to the group that registered for this conference call.
3.	<p>Participant Questions and Discussion</p> <p>Q: How can someone reach participants who do not have internet access?</p> <p>CMS: We think for the individuals who do not have internet access, our suggestion is to reach out to statewide independent living centers and state provider associations.</p> <p>Q: What should the provider do, if English is the patient’s second language?</p> <p>CMS: We should assume the state has enough providers to assist with language services and to build the information in the EVV system from the start. CMS said that states have had to deal with language and culture differences to process eligibility for the last several years. It would be helpful for the state to think about how the issue will be addressed. CMS said if it is a state mandated system, there should be an online training available in other languages.</p> <p>Q: If scheduling does not occur in the system or if the member or provider does not somehow inform the system of the scheduled location beforehand, how does CMS</p>

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	<p>expect the EVV system to know what location is correct? Would it be based on service plans?</p> <p>CMS: We think for the disability side of things, there has been a lot of discussion regarding how location will be captured if it is not at a preset GPS location. There are a variety of thoughts and how to classify where the service is provided. There is not a clear definition that is being advised for a definite way to deal with capturing location. Location is one of six different pieces of required reporting data. There are ways providers that are already recording the information that can be reflected in services without a GPS location. The challenge of having the preset location is that it is not always where the service is occurring. There is a way to define the location of the service without GPS.</p> <p>Comment: For people that are in self-direction and or living alone, the scheduling module might interfere with the flexibility.</p> <ul style="list-style-type: none"> • CMS reviewed slide 40 from the presentation and there were no questions. • CMS reviewed slide 41 from the presentation and there were no questions.
4.	<p>Next Steps</p> <ul style="list-style-type: none"> • CMS reviewed slide 42 and instructed participants to reach out to HCBSEVVLIC@navigant.com for further information regarding EVV and today's presentation. • CMS reviewed slide 43 from the presentation and there were no questions.