Meeting Title	EVV Stakeholder Session (Meeting #4 – January)
Date	January 23, 2019
Time	1:00 p.m. – 4:00 p.m.
Location	West Virginia Bureau of Senior Services
Meeting Facilitator	BerryDunn

Meeting Purpose: This meeting is being held to update the Electronic Visit Verification (EVV) stakeholders on the EVV project's progress, and to give an overview of how current stakeholders utilize an EVV system.

Agenda Items

Item #	Topic and Description	Responsible
1.	Introduction and Welcome	Jason Hargrove
2.	Mission Statement	Jason Hargrove
3.	Project Status Update	Brandon Lewis, Jason Hargrove
4.	Next Steps	Jason Hargrove
5.	Provider Panel Discussion • Coordinating Council for Independent Living (CCIL) • Panhandle Support Services • Preston County Senior Citizens, Inc. • REM • Starlight Behavioral Health	Dr. Frances Clark
6.	Q&A	Bureau for Medical Services (BMS), Management Information Services (MIS), BerryDunn

Introductions and Welcome

- Jason Hargrove, Senior Consultant with BerryDunn, called the meeting to order at 1:00 p.m., welcomed stakeholders, and provided an agenda overview.

- Jason Hargrove provided a refresher of the stakeholder group's mission statement, which was developed, based on guidelines provided by the Center for Medicare and Medicaid Services (CMS).

- Jason Hargrove referred to the mission statement, "The stakeholder group, including providers and members, will be asked to participate in activities and provide feedback, suggestions, and ideas regarding the implementation of the EVV system. The State will use guidance from the stakeholder group to make informed decisions about what vendor, system, and solution will best serve all those affected by the 21st Century Cures Act."

- Jason Hargrove stated that several stakeholders requested receiving firsthand feedback from current users of EVV solutions, and five stakeholders have graciously agreed to provide an overview of how their EVV solutions are being used.

- Jason Hargrove told the group today's focus will be on the panel discussions to help familiarize the stakeholder group with EVV solutions.

- Jason Hargrove asked that questions be held until the end of the session, when questions will be answered in a panel type format so the group may draw on the expertise of all panel members. Remote stakeholders are welcome to participate and submit questions through the Zoom application during the presentation. Questions will be answered after the presentations.

- Jason Hargrove stated the focus of the EVV stakeholder group is to actively engage the community to help provide valuable insights to the State to help make the best-informed decisions on the selection and implementation of the EVV system.

- Brandon Lewis, Director of Health Information Technology, WV Department of Health and Human Resources (DHHR) Management Information Systems (MIS), reminded the group that the State has selected the Open / Hybrid model EVV system.

    - The State of WV has chosen the Open / Hybrid Model
        - State Procured Solution
            - Burden of procurement is the responsibility of the State
            - Cost of procurement is the responsibility of the State
            - State is responsible for maintenance and updates to the system
            - State must integrate data from third-party EVV vendors into the overall solution
        - Provider Owned Solution
            - Burden of procurement is the responsibility of the provider
            - Cost of procurement is the responsibility of the provider

- ❖ Providers are responsible for providing evidence that their system complies with the requirements of the Cures Act, DHHR, and the data aggregator, as well as any associated costs.
  - o Brandon said the State's goal continues to be a federally compliant system, while maintaining flexibility and minimizing impact to the provider and member community.

- Brandon Lewis explained language sent to WV Purchasing Division requesting permission to release a request for proposal (RFP) to employ a vendor to implement an EVV system is approved.
  - o An RFP is a document that solicits proposal, often made through a bidding process, by an agency or company interested in procurement of a commodity, service, or valuable asset, to potential suppliers to submit business proposals.
  - o The RFP process will allow BMS to select a solution and vendor with a focus on similar experience, strategic innovation, and a best of breed Commercial off the Shelf (COTS) solution, while also taking into consideration each vendor's proposed cost.
  - o The request to procure the EVV solution through the RFP process is approved and efforts are underway to finalize content.

- Brandon Lewis said the RFP process will give the BMS additional flexibility when selecting the vendor by allowing BMS to select a vendor based not just on the lowest cost, but the vendor's ability to deliver the best overall solution.
  - o Brandon said it is important to note that official approval to release an RFP has not been obtained. The State will provide updates.

- Brandon Lewis indicated there are several components of the project that are underway as the State works toward selecting and implementing a solution.
  - o RFP narratives, templates, vendor and staff qualifications, key specifications, and requirements are nearing completion. Over 650 requirements and specifications have been developed and are in the final stages of review.
  - o Several agencies and partners will review the RFP to provide feedback and approval prior to its release.
  - o Some of the agencies providing feedback and approval will include:
    - ▪ BMS
    - ▪ CMS
    - ▪ The West Virginia Office of Technology (WVOT)
    - ▪ The West Virginia Department of Administration (DOA)

- Brandon Lewis said the State is working on content and preparing for the next steps in the RFP process.

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- Brandon Lewis told the group that to procure a solution through the RFP process is a multi-step process and several of the activities will be occurring simultaneously.

- Brandon Lewis said the RFP draft will be ready in the very near future and that once the RFP enters the approval cycle, it typically takes 12 to 18 weeks to receive all State approvals to release the RFP to the vendor community.

- Brandon Lewis told the group the State is working to shorten the approval cycle due to the urgency of the Federal mandates.

- Brandon Lewis said while requirements and specifications of the new system are being defined, the operational business rules will be defined later in the process.

- Brandon Lewis told the group the deadline to implement EVV for Personal Care Services has been delayed until January 1, 2020.

  - On July 30, 2018, legislation passed to amend Section 1903(I) of the Social Security Act to delay the timeline for states to implement EVV for personal care services by one year. Under the new timeline, states are required to implement EVV for personal care services by January 1, 2020, or otherwise be subject to Federal Medical Assistance Percentage (FMAP) reductions as follows:

    - 0.25 percentage points for calendar quarters in 2020

    - 0.5 percentage points for calendar quarters in 2021

    - 0.75 percentage points for calendar quarters in 2022

    - 1 percentage point for calendar quarters in 2023 and each year thereafter

    - It is important to note that this legislation does not affect timelines for home health care services, which must be implemented by January 1, 2023.

- Jason Hargrove told the group the State and BerryDunn have defined several business processes, general and technical requirements, and have created approximately 650 requirements for the RFP.

- Jason Hargrove explained to the group the requirements are used to select the vendor and will discussed later.

- Brandon Lewis reminded the group the personal care services implementation deadline is now January 2020.

- Jason Hargrove reminded the group of the stakeholder meeting evaluation available through the link provided in the meeting invitation. There are paper evaluations for those attending in person today.

- Jason Hargrove told the group the suggestions and ideas shared through the evaluations are used to enhance future meetings based on what the stakeholders would like more information on.

- Jason Hargrove told the group the State has started working with CMS to obtain funding and will continue to work with internal and external partners as the RFP process and related activities continue.

- Jason Hargrove explained that once the RFP is developed and approved it will be released for bidders. Once the vendor is selected, testing, training, and rollout dates will be established.

  - o **Question:** Work with CMS internally and with our partners to obtain federal and state funding, for what?

  - o **Answer:** Jason Hargrove explained that funding is for the EVV solution itself. The model the State of WV chose is called the Open Vendor Model, also referred to as the Open / Hybrid model.

- Jason Hargrove explained that ongoing support is defined during the RFP development process based on the solution, provider, and member needs.

- Jason Hargrove said providers could either use their own EVV solution or select the State EVV system. The goal is to be compliant with the 21st Century Cures Act ensuring the State is not penalized while providing high-quality service and combat fraud, waste, and abuse.

- Jason Hargrove said the State will pay for a solution that any provider can use; however, if a provider chooses to use a different solution that is acceptable. The federal and state funds are for procurement of the State solution only.

- Jason Hargrove explained that the State EVV solution will allow for third-party EVV vendors to send data to the State solution.

  - o **Question:** The funding is not to pay for just the State's cost associated with implementation.

  - o **Answer:** Jason Hargrove and Dr. Francie Clark responded. The funding is only for the State's EVV solution cost.

  - o **Question:** Even if a provider goes with the State's EVV vendor, there will still be costs that providers will have, whatever that might be?

  - o **Answer:** Jason Hargrove said yes, providers might have costs, depending on selections made by the State. The State will contract with a vendor to be compliant with the 21st Century Cures Act, allowing providers the opportunity to contract with the vendor for additional services, such as billing or scheduling.

- Dr. Francie Clark added that the providers will incur those costs.

- Dr. Francie Clark said the goal is to keep the six mandated minimum components required of an EVV system for the State's EVV solution, to keep costs to a minimum for providers.

  - o **Question:** I'm sure there are providers that do not have a system anywhere close to the requirements on paper. If the State is running a parallel process of picking a vendor, and I am a provider who is waiting to see what the State selects, I am potentially going to run

out of time, trying to pick a vendor that will be able to interface with the State solution. Does that make any sense? It seems like providers will be stuck using the State model.

- o **Answer:** Dr. Francie Clark responded, not necessarily, and providers should begin having those conversations with their current vendor now.

- o **Question:** The vendors are not going to be able to know that now, because the State has not chosen a vendor. Issues will not be known until the State has selected its solution.

- o **Answer:** Jason Hargrove explained that system integration is a very complex process, a multi-step process, that could potentially have the State system testing on a specific date, with pilot testing for a certain amount of time, before moving to third-party testing; all these steps may not go live this year.

- Jason Hargrove reported that the State will work with CMS to develop the overall timelines to determine what is acceptable and that it is not the intent to hold providers and caregivers to a higher standard than what is expected of the State.

- Brandon Lewis reminded the group that CMS allows for a good faith effort exemption; as long as the State is doing everything it can, CMS will take that into consideration.

- Jason Hargrove said the State does not necessarily want to enter a good faith effort exemption unless it is needed.

- Jason Hargrove reported that CMS is working to identify how to authorize federal funding for these systems. CMS has created certification checklists for items in scope, out of scope, etc.

- Dr. Francie Clark reminded the group that stakeholder involvement and participation helps the State to demonstrate our good faith effort; it is your work that we report to CMS.

- Dr. Francie Clark explained that stakeholder participation is not frivolous, but essential, because CMS wants to hear from all involved.

- Jason Hargrove said the State expects these stakeholder meetings to continue up to the go-live date and into operation, so there is not a predefined cutoff date.

- Jason Hargrove explained to the group that the dates remain flexible based on reviewing of the documentation required for the RFP.

- Jason Hargrove discussed the future meeting schedule. Future meetings will be held from 1 - 4 p.m. at the Bureau of Senior Services (BoSS) on the following dates:
  - o March 27, 2019
  - o May 29, 2019
  - o July 31, 2019
  - o September 25, 2019

Provider Panel Discussions

- Dr. Francie Clark welcomed the group and gave an overview of the October Stakeholder meeting.

- Dr. Francie Clark reminded the group the primary focus of the October meeting was to review the different types of technologies available for EVV.

  o Each group reviewed and discussed, through a gallery walk, the different technologies and prioritized the technologies as follows:

    ▪ First Choice: Group 4 – Mobile devices, Wi-Fi, Caller ID Verification, and Web Clock with / without Global Positioning System (GPS) verification, and GPS verification

    ▪ Second Choice: Group 1 – Landlines and Quick Response (QR) Codes

    ▪ Third Choice: Group 3 – Random Number Devices, Voice over Internet Protocol (VoIP), and Onsite Tablets

    ▪ Fourth Choice: Group 2 – Biometrics (i.e., voice and fingerprint recognition)

- Dr. Francie Clark reported the first choice of technology included mobile devices, Wi-Fi, caller identification verification and Web Clock with / without GPS verification, and GPS verification.

- Dr. Francie Clark reminded the group that the second choice selected by the group included landlines and QR Codes, in those homes that are remote enough that internet service is not available.

- Dr. Francie Clark said this information is helping to drive the components in the RFP.

- Dr. Francie Clark said the State will include at least the first two choices as requirement capabilities for the EVV solution; that is how the State takes your information and integrates into the work we are doing.

- Dr. Francie Clark provided a disclaimer that the State did not choose our panelists based on any preference of the system they use. The panel was selected based on the waiver services provided and the fact that each is currently using an EVV system.

- Dr. Francie Clark reminded the group that the information presented by the panel is intended to inform the EVV Stakeholder Group of the different capabilities of an EVV system. The State of West Virginia is in no way endorsing any of the systems discussed today.

- Dr. Francie Clark informed the group the panel received a list of questions and each provided their comments based on the EVV system used. The questions were based on stakeholder feedback.

- Dr. Francie Clark thanked each of the panel members and said that each presenter was asked, "How's it workin' for ya?" in order to provide their talking points.

- Dr. Francie Clark informed the group that the following stakeholders will be presenting today:
  o Catherine Staddon with the CCIL
  o Mato Kret with Panhandle Support Services

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- o Tina Turner with Preston County Senior Citizens, Inc.
- o Courtney Walsh with REM
- o Hannah Mayo with Starlight Behavioral Health

CCIL

- Dr. Francie Clark introduced the first presenter, Catherine Staddon, with the CCIL.

- Catherine Staddon introduced herself, saying she is a Certified Public Accountant (CPA) with 20 years' experience at CCIL.

- Catherine Staddon said CCIL has been through two software implementations for EVV; the first implementation did not work out; however, was a good learning experience.

- Catherine Staddon reported she has interviewed approximately 20 vendors.
    - Type of solution / devices using?
        - CareVoyant software without devices
        - Software works with any device connecting to the internet
        - Cloud based software for intake, scheduling, clinical and point of care, financial, messaging, notification, reporting and dashboard solutions
        - Not capturing any clock in / clock out
        - CCIL purchased the software and are waiting to see what the State goes with and decide from there.
        - CareVoyant will be able to integrate with telephony, mobile, or a mix, and currently connects with any device using the internet. It is a cloud based software that covers intake scheduling, clinical and point of care, financial, messaging and notification, reports and dashboard solutions.
    - Length of time solution used?
        - CCIL has been live with two offices for one and a half years; all eight offices have been live for three months.
        - Preparation for go-live took six - eight months.
        - Implementation discussions have started for ID / D Waiver Division; implemented back office for homemaker services only.
    - What services / programs are you using the solution with?
        - Unskilled homemaker services for the Personal Care, Aged and Disabled Waiver, and Traumatic Brain Injury (TBI) Waiver Medicaid programs; unskilled homemaker services for the Veterans Administration and Private Pay customers.
    - What barriers and challenges has the solution presented?
        - Catherine Staddon said CCIL experienced the following challenges with CareVoyant:
            - Software salesmen often promise customers more than they can deliver.

- Learning how to use CareVoyant to achieve maximum results has been a challenge, as has been training staff who are end-users.

- Training is an ongoing process as new staff come onboard.

- Barriers include the agency having the time, staff, and resources to set up and train on the new system.

  - ❖ **Question:** Does your software provider provide any of the training, all the training?

  - ❖ **Answer:** CareVoyant allows the customer to choose the level of training.

- CCIL chose a train-the-trainer style training for a couple of our staff, who will then train remaining staff.

  - ❖ **Question:** Was the training at an additional cost?

  - ❖ **Answer:** Yes, training was an additional cost, which was why we chose the train-the-trainer style training.

- Another barrier is random situations will occur with the software that may result in late billing or a payroll crunch. Billing is processed every week, so that is a big issue to talk to your software provider about. You will want to know the software provider will be on the phone with you in situations where you require immediate answers.

o What benefits has the solution provided your agency / personnel / members?

  - Tracking and warnings when employee training is about to expire and the ability to have a hard-stop for payroll when expired

  - Weekly and daily limits for services

  - Audit trail for employee and client schedules when cancelled or missed

  - Rating system and advanced find functions to match the client to an employee

  - Travel time calculated with integrated mapping software

  - Easily change employees within scheduling system

  - Tracking and warning of client prior authorization expiration and limits

  - Geographic advanced search that matches an employee with a client by preferences and skills

  - Includes integrated billing software and automatic Standard Journal Entries (SJE) into accounting software

  - Mobile technology to create care plan at the client's house and to record employee tasks as well as capturing payroll clock-in and clock-out; we are not currently using

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- Mobile technology also allows the administrative office to see the location of the employee at clock-in and clock-out

o How does your EVV solution address the issue of limited internet access?

- The mobile technology feature can capture information out in the field and then upload when the device has internet access

- Near Field Communication (NFC) card has been created to use when internet access is in range

o How does your EVV solution address scheduling workers?

- Scheduling and changes are done with a few clicks. All changes are tracked and special note fields are everywhere to capture additional information.

- Schedules are set six months at a time to coincide with plan of care.

- **Question:** Does your software provide employee-scheduling reports for how many hours worked?

- **Answer:** Yes, there are many reports and settings you can select, from overtime warnings, etc.

- In the search function, the system is proactive and will show workers who are available who will not go into overtime.

- It will show when workers are close to going into overtime, as well as provide warnings so that employees are not overbooked.

o How do features of your EVV solution support a user-friendly experience?

- The support staff at CareVoyant strive to continually improve the customer experience.

- We chose this system because we liked the support staff and trusted them.

o How was training of workers, participants, and families, as needed, addressed?

- CareVoyant provided onsite training in a system of train-the-trainer; other options are available.

o How are participants involved in verifying the actual hours worked?

- CCIL is not currently using this piece; however, telephony is available.

o Can / must workers or participants use their own mobile devices with your EVV solution?

- Workers can use their own device or devices provided.

o Can / must workers or participants use their own computers or tablets with your EVV solution?

- Workers can use either their own computers or tablets.

o Do you provide devices that can accompany a worker or participant beyond the home with your EVV solution?

- CCIL does not currently provide devices.

- o Does your solution require the use of a device installed at a physical location?
  - No, it does not require an installed device, but is available if necessary.
- o Does your solution offer the use of a device installed at a physical location as an option?
  - Yes, it is an option.
- o Do you provide repair and replacement of devices?
  - Currently CCIL does not provide devices to employees and we would prefer not to have to bear that cost.
- o Has the solution had a fiscal impact on your agency? Please explain both positive and negative fiscal issues.
  - The cost is relatively low compared to other software; it does take a fair amount of time to see the benefits.
  - CCIL has not realized a positive fiscal impact due to the training at this time. We pay for back end-users at this time.
- o How does your EVV solution address security issues and safeguard the privacy of system users?
  - CareVoyant completed an SSAE-16 audit, as well as an ONC-Health IT certification that meets the Meaningful Use requirements.
  - There is a built in messaging service with this software that is totally HIPAA compliant; can be used to offer jobs, etc.
    - **Question:** Are licenses required for each person at an additional cost?
    - **Answer:** At this time we are using the Back Office, it will be additional cost for each home care worker, which will be per visit clock-in / clock-out per day charge.
    - **Question:** How are authorizations entered into the software?
    - **Answer:** We are keying those in with a service date range tied to a prior authorization. CareVoyant can write a custom software that will allow us to connect with Molina / DXC to get eligibility, at an additional cost.
    - **Question:** How are you going to supply information to Molina / DXC?
    - **Answer:** We do not have plans to interface with Molina / DXC. We provide a batch file with the necessary data to Molina / DXC. The software company created a program that would allow us to create the batch file.
    - **Question:** Does the software program break down dates by each client that reflects daily limits per waiver requirement?
    - **Answer:** Our reports are generated daily, which is rolled up into a monthly batch file to Molina / DXC.

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Panhandle Support Services – Mato Kret

- Mato Kret introduced himself and said Panhandle Support Services is not currently using an EVV system in WV; however, his organization has an agency in Ohio that provides the same services as WV.

- Panhandle Support Services has been piloting this program in Ohio for the past three years.

- Panhandle Support Services utilizes Adacare Telephony and GPS Clock-In / Clock-Out software. It is a cloud-based solution that is nowhere near the solution that Catherine Staddon just discussed.

- Adacare Telephony is a true Clock-In / Clock-Out EVV module that is specifically geared toward home healthcare agencies in need of this service.
  - Type of solution / devices using?
    - Adacare telephone system, clocking in and out from Customer Service Unit (CSU) phone.
  - Length of time you have used the solution?
    - Approximately three years.
    - Our main objective was to get a feel for the solution and that all our care workers clock-in and clock-out per their schedule.
  - What services / programs are you using the solution with?
    - Passport over 60 waiver, and private clients.
  - What barriers and challenges has the solution presented?
    - CSU having prepaid phones that use minutes when aides call to clock-in / out
    - Client having their phone disconnected or frequent changes in cell phone
    - Client refusing to allow aide to clock-in
    - CSU on phone when aide arrives
    - Aide clocking in from unknown phone
    - No phone at all in the home
  - What benefits has the solution provided your agency / personnel / members?
    - The ability to verify that the aide is in the home or to call when we notice that no one clocked-in
    - Checking timesheets if there is a question about time
    - Protecting aide when a client has forgotten their aide was there
    - Use as proof- of-services when something happens to a timesheet
    - Provides real-time access to caregiver's time
  - How does your EVV solution address the issue of limited internet access?
    - Our EVV system does not rely on the internet, but on phone lines or cell phones. This also has the same challenges as no internet.
  - How does your EVV solution address scheduling workers?

- The Adacare system allows us to have the ability to keep track of our aides and provides them with a computer-generated schedule.
- The EVV system in Adacare compares to the schedule to inform us of missed visits.
- The Adacare system is very customizable to view exactly what you need to view at any time.
- It does make us aware of missed visits and allows us to alert family and case management that another caregiver will need to be contacted.

o How do features of your EVV solution support a user-friendly experience?

- The aides must dial an 800 number, enter their ID and press "1" to clock-in and "2" to clock-out, and this takes less than one minute.
- The clients are not required to do anything.
- Adacare is a Florida based company with customer service based in Florida, so they are in the same time zone, which is helpful.

o How was training of workers, participants and families, as needed, addressed?

- We inform the clients with the initial assessment of our system and they sign an agreement that it is okay for the aides to use their phone to clock-in and out.
- The aides are trained in their initial training and this takes less than 15 minutes, as it is a simple system.
- Reminders are generally needed with the aides when they first start.
- Training the office staff is more difficult because the capabilities are tremendous.

o How are participants involved in verifying the actual hours worked?

- Along with our EVV system, we do a paper work sheet that the client signs with every shift that is worked. We do not use the system for payroll and billing at this time.
  - **Question:** One of the issues the State is working through is the member or family member verifying the services that were rendered. Are you currently doing that in some way? Does the member or family member sign the aide's timesheet or use thumbprint verification, etc.?
  - **Answer:** Yes, the client signs the timesheet every day to verify service start and end time. Both the client and the caregiver must sign.
  - **Question:** Do you match up the timesheets or number of hours? What do you do if there is a discrepancy?
  - **Answer:** We match up both and if there is a discrepancy the timesheet is used as the timesheet is the audit source.

o Can / must workers or participants use their own mobile devices with your EVV solution?

- The aides can clock-in with the client's cell phone.
- We discourage clocking-in and out from the aide's phone.
- If the client does not have a landline or cell phone, they can use the aide's phone.

- Can / must workers or participants use their own computers or tablets with your EVV solution?
  - None used in this system.
- Do you provide devices than can accompany a worker or participant beyond the home with your EVV solution?
  - No
- Does your solution require the use of a device installed at a physical location?
  - No
- Does your solution offer the use of a device installed at a physical location as an option?
  - No
- Do you provide repair and replacement of devices?
  - None needed
- How does your EVV solution address security issues and safeguard the privacy of system users?
  - The Adacare system is based on a number system.
  - Each client is assigned a number and it is linked to the phone number that the aide clocks-in from.
  - When they clock-in, the system matches the aide to the client and to the schedule.

Preston County Senior Citizens, Inc. – Tina Turner

- Tina Turner introduced herself and informed the group that Preston County Senior Citizens, Inc. is using an EVV system called CoPilot.
    - Type of solution / devices using?
        - CoPilotPro21 by Information Age Technologies (IAT)
    - Length of time you have used the solution?
        - Preston County Senior Citizens, Inc. implemented CoPilot in June 2017.
    - What services / programs are you using the solution with?
        - Title IIB Homemaker
        - Title IIE Respite
        - Family Alzheimer's In-Home Respite (FAIR)
        - Lighthouse
        - Personal Care
        - Veterans
        - Waiver
    - What barriers and challenges has the solution presented?
        - The initial challenge was duplicating paper and electronic records during the implementation; however, this was necessary to ensure the CoPilot program was tracking and reporting accurately.
        - Training homemakers on tablets and administrative staff on the new program was a challenge, but ultimately successful.
    - What benefits has the solution provided your agency / personnel / members?
        - CoPilot simplifies documentation, scheduling, report generation, payroll, and billing.
        - The program assures compliance of time, services, costs, and care plans.
        - The manual override for deviations due to unforeseen circumstances is simple to use.
        - The Course of Action (Care Plan) can easily be rolled over to the next year.
        - Homemaker certifications can easily be stored and tracked.
    - How does your EVV solution address the issue of limited internet access?
        - Internet is not required for client sign-in / out or to record services.
        - Homemakers can synchronize with home / client's Wi-Fi.
        - Synchronizing available in main office parking lot.
        - Investigating sharing Wi-Fi access with county schools.
        - Secondary plan is to install Wi-Fi at all Preston County Senior Centers.
    - How does your EVV solution address scheduling workers?
        - Scheduling is sophisticated but easy to create and modify.
        - Schedules are pulled from care plans and can be set up for one day or an extended period.
        - Scheduling of homemakers based on where they live as well as based on client preferences.
    - How do features of your EVV solution support a user-friendly experience?

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- Scheduling and Clerical / Registered Nurse (RN) Review displays in a very easy to use calendar format.
- The on-screen color-coding quickly indicates if discrepancies need to be addressed / corrected.
- Data is easily uploaded to Harmony when the month is closed.
- Reports can be exported to MS Excel, greatly simplifying the invoice process.
- Invoicing to federal programs is automatic via DXC (Molina) and Change Healthcare Electronic Data Interchange with month close, but hard copies of paperwork must be mailed separately for the Veterans Administration (VA).

o How was training of workers, participants and families, as needed, addressed?
- CoPilot's customer service and training is phenomenal. Training can be done onsite, over the phone, or remotely.
- We had two sessions of onsite training; one for homemakers, one for office staff.
- CoPilot is within the same time zone so contacting customer service is great.

o How are participants involved in verifying the actual hours worked?
- The homemaker signs into the program upon arrival to the client's home.
- The client signs off on services performed at the end of the visit.
- Both signatures are time-stamped and uploaded to the system.
- The CoPilot software then utilizes sophisticated algorithms to compare the care recipient's signature with a reference signature on file, scoring it for authenticity.
- Hours worked and time allotted for services are automatically calculated.
- If the hours worked, vary from the schedule, a prompt is given to office staff to investigate, note, and approve.

o Can / must workers or participants use their own mobile devices with your EVV solution?
- Homemakers must use tablets purchased by Preston County Senior Citizens, Inc.
- Homemakers are not allowed to use their own devices.
- Devices are relatively inexpensive at $80.00 each.

o Can / must workers or participants use their own computers or tablets with your EVV solution?
- Homemakers must use tablets purchased by Preston County Senior Citizens, Inc.

o Do you provide devices that can accompany a worker or participant beyond the home with your EVV solution?
- Tablets are purchased by Preston County Senior Citizens, Inc.

o Does your solution require the use of a device installed at a physical location?
- No

o Does your solution offer the use of a device installed at a physical location as an option?
- No

o Do you provide repair and replacement of devices?
- Yes. We have only had to replace a couple of devices due to breakage.
  - **Question:** Does every employee receive a tablet?
  - **Answer:** Yes, every employee receives their own tablet to use. Even though each employee has their own login and password, each employee

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has the ability to view client's care plans in case they are filling in for another employee.

- **Question:** Are the homemakers allowed to use the devices for personal use?
- **Answer:** No, employees sign a very robust agreement indicating devices are for work use only. We have never had any issues.
- **Question:** Do you track employee assignment of the devices?
- **Answer:** Yes, each device is tracked and assigned by serial number. The user agreement specifies the device must be returned at the end of employment or the employee will be responsible for the cost of the device.
- Devices can be disabled by user if necessary.
- **Question:** What brand of device do you use?
- **Answer:** Samsung tablet with GPS capability, similar to a Kindle Fire. If enough devices are purchased a better rate may be negotiated.
- **Question:** The price of the tablet is $80.00? You own the device after $80.00?
- **Answer:** Yes, we found the price very reasonable at $80.00 per tablet. The administrative staff use their office computers.

o Has the solution had a fiscal impact on your agency? Please explain both positive and negative fiscal issues.
  - The monthly fee of CoPilot is offset by the administrative savings of manual recording and reconciliation of services and billings.
    - **Question:** Cost of the program?
    - **Answer:** We have a package that includes the cost of the first 40 tablets. With the additional tablets, the cost is less than a typical monthly car payment.
    - **Question:** Do you upload into a clearinghouse?
    - **Answer:** No, CoPilot performs that function. As soon as all data has been verified, CoPilot uploads data to Molina / DXC.
    - **Question:** For large agencies, the cost of the tablets would be a great deal. Are there other options?
    - **Answer:** One option would be to provide tablets for locations or homes versus each employee. The vendor could provide other options. There is a version of CoPilot, called CoPilot Light that is a scaled back, telephonic version.
    - **Question:** Do you know what the largest size company CoPilot serves?
    - **Answer:** No, but I do know they are growing and they have great staff.
      - ❖ One other thing, for the tablet themselves, you are not ever going to prevent breakage or misuse; however, with the GPS tracking, we can tell exactly where the tablet is at a given time.
    - **Question:** Can you view this real-time?

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- **Answer:** Yes, locations can be viewed on a map. Care Plans can be reviewed also to ensure all care has been provided to the client.
    - ❖ We did start using a new function that tracks hours of services by client. This really helps the scheduler.
- **Comment:** I have seen a CoPilot demonstration and I am impressed with the functionality to upload billing to the VA. There are many different options to choose from.
    - ❖ Tina Turner responded that Preston County Senior Citizens, Inc. VA turnaround time is crazy awesome, within 10 days.

- Courtney Walsh introduced herself. She is the executive director with REM.
- REM is part of a larger company called MENTOR Network, a national network of health and human services providers offering home and community based services throughout 35 states.
- Courtney Walsh explained the following about the EVV system REM currently uses:
    - Type of solution / devices using?
        - REM uses Teletime. Teletime feeds into our Kronos (timekeeping) system.
        - This system does not require the internet.
        - Employees can call from their work location phone to clock-in and out of work using an employee ID.
        - This system does not currently link to our billing system.
        - REM has employees who enter directly into Kronos that do not require matching time.
    - Length of time you have used the solution?
        - Over eight years.
        - There is a lighter version of Teletime.
    - What services / programs are you using the solution with?
        - This program records time in/out and phone number from where they clocked-in.
        - Kronos supervisors can run reports to see where someone is clocking-in and it also records if a timekeeper or supervisor changes punches or makes an edit with their employee identification number.
        - This system can also record alias transfers / cost centers when staff work in multiple locations. Employees can transfer their time to different locations.
    - What barriers and challenges has the solution presented?
        - If the phone at the location is down, then the employee needs to seek permission to clock-in using a cell phone number, which is recorded in the system as well.
        - As with any electronic system, if Teletime is down, then that can create more paperwork for supervisors who will need to enter the missed punches.
        - Some locations have unreliable phone service, which makes it more difficult to verify work hours when staff use cell phones.
    - What benefits has the solution provided your agency / personnel / members?
        - The benefits of this system include:
            - ❖ Better control over payroll expense through more accurate time
            - ❖ Ability to run reports to manage staff
            - ❖ Ability to use the data for investigations when appropriate
    - How does your EVV solution address the issue of limited internet access?
        - There is a backup paper process for time edits / missed punches
    - How does your EVV solution address scheduling workers?
        - It currently does not address scheduling workers.
    - How do features of your EVV solution support a user-friendly experience?
        - It is very easy for the average direct care worker to use Teletime.
    - How was training of workers, participants and families, as needed, addressed?
        - Our family providers currently still use paper.

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- o How are participants involved in verifying the actual hours worked?
  - For employees, the Teletime system does allow the employee to verify total hours worked and last clock-in via the telephone system.
- o Can / must workers or participants use their own mobile devices with your EVV solution?
  - Yes, they can; however, it is not our preferred practice to verify location. Certain employees can enter their time directly into Kronos.
- o Can / must workers or participants use their own computers or tablets with your EVV solution?
  - Yes, some can if they enter their time directly into Kronos.
- o Do you provide devices that can accompany a worker or participant beyond the home with your EVV solution?
  - No, for direct care, some supervisors and professionals have laptops.
- o Does your solution require the use of a device installed at a physical location?
  - Not at this time.
- o Does your solution offer the use of a device installed at a physical location as an option?
  - Our system does not currently link to billing. Billing and recording of progress notes occur in other systems.
- o Do you provide repair and replacement of devices?
  - Yes, for laptops.
- o Has the solution had a fiscal impact on your agency? Please explain both positive and negative fiscal issues.
  - The software system is a cost, but we do save some cost by having the system record payroll time.
- o How does your EVV solution address security issues and safeguard the privacy of system users?
  - Yes, there are specific ways and specific job titles that can change time in the system based on the job performed.
    - ❖ **Comment:** I think it is good that you provided an example of a very limited system, compared to some of the other robust solutions we have heard about today.
    - ❖ **Response:** Courtney Walsh responded that she is sure there is other functionality that REM may use in the future. REM has an EVV project team who are working to ensure we will be EVV compliant.
    - ❖ **Question:** You said REM is almost 100% compliant, do you know what has been identified to reach 100% compliant?
    - ❖ **Answer:** Our billing system does not interface with other systems we are currently using, for example type of service waivers. REM tends to create our own systems and we are working to ensure compliancy.
    - ❖ **Question:** How do you handle situations like when you said an employee clocks-in a half hour early and clocks-out a half hour late? Do you pay them for that hour?
    - ❖ **Answer:** We must pay them for the hours worked, but the employee can be disciplined for working unapproved hours.

Starlight Behavioral Health – Hannah Mayo

- Hannah Mayo introduced herself to the group. Hannah does billing and payroll for Starlight Behavioral Health. We currently partner with National Counseling Group (ncgCare), based out of Richmond, VA.
- Hannah Mayo explained the following about the EVV System currently in use by Starlight:
  - Type of solution / devices using?
    - DataPlus Time Tracking and Staff Scheduling software module hosted by the company Solana for EVV.
    - We have used DataPlus for over a decade.
    - DataPlus is the only component of the system our direct care staff currently have access to.
    - Solana software cost is a flat rate per user.
  - What services / programs are you using the solution with?
    - Solana for staff scheduling, clocking-in and out, billing, payroll, human resources (HR), and tracking staff credentialing.
    - Staff credentials are entered during the initial hiring and orientation process. This includes consumer specific training.
    - Residential Managers then develop schedules to include ONLY staff that are credentialed and trained to work with specific consumers.
    - The software will only permit trained staff with required trainings to be scheduled with a specific consumer.
    - When staff report to the consumer home to provide services they:
      - ❖ Log in to work via a secure website
      - ❖ Choose the consumer and service (based on purchased services for that consumer)
    - Employees may only log-in while in the consumer's home, as the system includes GPS tracking.
    - Any attempts to log-in or out outside of the consumer home sends an alert to the billing and payroll manager, who can research a specific situation and override the block in cases where staff changes are occurring in the community.
    - Billing is uploaded from this system and merged over to payroll.
  - Can / must workers or participants use their own computers or tablets with your EVV solution?
    - Employees have the option of using their own smart phone, tablet, or computer.
    - Tablets are furnished by the agency upon request, with data only plans that permit login to our EVV software only.
    - All other applications and Wi-Fi are blocked from the device.
    - We do provide tablets, in the client's home for Intellectual Developmental Disabilities Waiver (IDDW). IDDW is all Starlight currently does.
  - Do you provide devices that can accompany a worker or participant beyond the home with your EVV solution?
    - Yes, all devices are mobile.
  - What barriers and challenges has the solution presented?

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- Initially, we experienced connectivity issues.
- There is a potential for this to be problematic when providing EVV in natural family homes in rural areas or areas with limited internet access.

o Can / must workers or participants use their own mobile devices with your EVV solution?
- Workers can log into the system using any device with the ability to access the internet.
- Most employees use cell phones; however, tablets are available for use by any employee who does not have a smart phone.

o Can / must workers or participants use their own computers or tablets with your EVV solution?
- Employees have the option of using their own smart phone, tablet, or computer. Tablets are furnished by the agency upon request, with data only plans that permit login to our EVV software only. All other applications and Wi-Fi are blocked from the device.
- Solana software modules currently in-use include a billing component.
- The consumer's authorized services are uploaded into the system directly from Keystone Peer Review Organization (KEPRO) and a consumer "contract" is created for the service year.
- Billed units are automatically deducted from the total approved units, which permits real time utilization reports to be generated and monitored by the Integrated Device Technology (IDT).
- GPS component permits tracking of staff location during time that they are logged in as providing services. This program does not include a lookback; however, if staff are instructed to "ping" their location in the community at specific intervals, this data is stored in the system.
  - ❖ **Question:** Does the check-in component track travel?
  - ❖ **Answer:** It does track mileage. A lot of Starlight employees use the component. The tracking system is very easy to use by entering starting and ending odometer reading. Staff continue to use paper time sheets to track travel at this time also.
  - ❖ **Question:** So will it tell you that you went 13 miles?
  - ❖ **Answer:** It will, because staff enter starting and ending odometer reading.
  - ❖ **Question:** But it will not tell you the route taken?
  - ❖ **Answer:** No. Employees have access to reports in the system that provide mileage entered into the system. Employees can look back up to six months' time and mileage. The system also has a message system that employees can attach notes to time entries that can be answered by management. Overall employees like the system and are overall pleased with the functions. Each change of entry is flagged.

Questions & Answers / Meeting Conclusion

- Dr. Francie Clark asked if there are any other questions from the group.
- Dr. Francie Clark provided evaluation forms for today's meeting and reminded the group of the link to the same survey / evaluation online. The link is included in the meeting invitation.
- Dr. Francie Clark stressed the importance of completing the evaluation so that the groups needs can be considered when planning the next stakeholder meeting.
- Dr. Francie Clark thanked the provider panel again for presenting to the stakeholder group.
- Dr. Francie Clark adjourned the meeting at 3:32 p.m.

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